
RELATIONSHIP OF ADULT ATTACHMENT STYLES, RESILIENCE AND MARITAL SATISFACTION IN ADULTS WITH ADVERSE CHILDHOOD EXPERIENCES

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ABSTRACT

This study explores the relationships between early life experiences, psychological resilience, and adult relationship quality, focusing on attachment styles and marital satisfaction. Data were collected from 140 married individuals aged 18 to 45 who experienced childhood adversity, using the Revised Adult Attachment Scale (RAAS), Couples Satisfaction Index (CSI), and Brief Resilience Scale (BRS). The results partially supported the hypotheses that secure attachment correlated positively with marital satisfaction, while resilience showed non-significant correlations with both attachment and satisfaction. Surprisingly, dependent attachment style was positively correlated with marital satisfaction, while anxious attachment showed a negative correlation. Resilience was found to moderate the relationship between attachment styles and marital satisfaction, emphasizing its role in buffering the negative effects of insecure attachment. No significant gender differences were observed, but educational differences influenced dependent attachment and marital satisfaction. These findings suggest that enhancing secure attachment and resilience can improve relationship outcomes, especially for individuals with adverse childhood experiences. Further research is needed to deepen our understanding of these complex dynamics. SPSS was used for data analysis.

KEYWORDS

Attachment styles, resilience, marital satisfaction, adverse childhood experiences, resilience, secure attachment, insecure attachment.

INTRODUCTION

It is crucial to comprehend how adult attachment organization, resilience, and marital satisfaction interact among adults with ACEs for improving therapeutic interventions and relationship support. Studying in this field can provide insight into how early life experiences, psychological resilience, and the quality of adult relationships are connected. This study expects to add significant knowledge to psychology and relationships by exploring the patterns of attachment styles, resilience factors, and marital satisfaction. From the work of Ghezelseflo et al., this study aims to establish the following hypothesis: In the present research, people with ACEs exposure with secure attachment and resilience levels of education are likely to have higher marital satisfaction compared to participants with insecure attachments and lower resilience (Wright, 2006).

Adverse Childhood Experiences (ACEs), also known as painful events, are defined as distressing occurrences during childhood that can extend into adulthood. The more ACEs a person experiences, the more challenging it can be for them to overcome these adversities. While every child faces difficulties at some point, with proper support, they can grow resilient and derive benefit from their experiences. However, without the necessary assistance, ACEs can leave enduring emotional scars that prove difficult to heal. In their pioneering study, Anda and Felitti (1998) categorized ACEs as events believed to be stressful for a developing child. These experiences, ranging from physical or sexual abuse to the loss of a loved one, shape a child's growth and development. ACEs, occurring before the age of eighteen, can have lasting effects on physical and mental well-being. These traumatic events, which can range from 1 to 17 years of age, impacts brain development and can lead to future health issues, including mental health disorders and chronic illnesses. Additionally, ACEs can increase the risk of experiencing or perpetrating violence in adulthood and can affect overall life opportunities. It is said that “the young person's safety, security, trust, or bodily integrity may be compromised by a single incident or by persistent threats” (Young Minds, 2018).

It can have negative effects on social relationships of the people who have been through it. As van der Kolk (2014) points out, those who have been through trauma are largely living in the fight or flight mode, turned off to love, care and protection. Those who have been through trauma especially at the hands of people they trusted are likely to have problems with attachment (Brunzell et al., 2016; Statman-Well, 2015). They may have difficulty forming good relationships and could have a tendency to avoid people, in order to avoid being hurt (Brunzell et al., 2016; Statman-Well, 2015). The ways in which people who experienced adversity in their childhood had to cope with their problems tend to be ineffective and to cause them problems in their relationships (Sheffler et al., 2020). This is because one of the major reasons for

this dysfunction is that people who were abused by their caregivers learned helplessness, thus undermining their internal locus of control which is important in positive coping (van der Kolk, 2014). Thus, these individuals may respond to stress by leaving the “scene” (flight) or by attacking it (fight), which will necessarily affect their relations with others (van der Kolk, 2014). People who have been abused as children have been found to have poor relationships with their friends, romantic partners, and even their own children due to sensitivity, hostility, and aggression in relationships, as well as low self-esteem (Doyle & Cicchetti, 2017). Nevertheless, it is important to mention that the mentioned characteristics can only worsen the quality of adult friendships, romantic relationships, and relationships with children (Doyle & Cicchetti, 2017). In addition, the effects of ACEs on adults may not be limited to the adult’s relationship with their children but may also affect subsequent generations.

The subjective assessment of a partnership is known as relationship satisfaction. It is a personal perspective and viewpoint. Young people' romantic fulfilment is important since it is directly related to their emotional and mental health. Pleasurable romantic encounters can boost feelings of contentment, happiness, and self-worth. Conversely, problems or discontent in romantic relationships can cause tension and anxiety, which can have a detrimental effect on general wellbeing. Promoting healthy relationships, building emotional resilience all depend on an understanding of the mechanics of romantic fulfilment. A subjective feeling of relational quality derived from assessments of the good and negative aspects of a romantic relationship is relationship satisfaction (Fallis et al., 2016; Lawrance & Byers, 1995). Romantic relationship is defined as “specific manifestations of intimacy and affection and is defined as a reciprocal, continuing, and consensual association between two people” (Collins et al., 2009). One important metric for assessing the quality of a romantic relationship is the level of satisfaction. The perception of a person on the positive emotions of the partner and the goodness of the fit with the partner is referred to as the satisfaction in the romantic relationship. It is a self-evaluation of how well people think current romantic relationships are going for them. Romantic relationships that are fulfilling frequently offer companionship, emotional support, all of which enhance emotional wellbeing. Happiness and optimistic attitude on life might result from positive interactions in love relationships. Stress, anxiety, and sadness have all been related to unhealthy love relationships. On the other hand, problems or discontent in romantic relationships can exacerbate mental health issues, highlighting the critical role that romantic fulfilment plays in preserving psychological health. A strong sense of identity and improved self-esteem can result from fulfilling love relationships. In a romantic relationship, feeling liked and appreciated can have a good impact on a person's confidence and sense of self. An important form of social support is frequently provided by romantic partners. Having strong social ties is linked to better mental and physical health. Much can be learned about communication, emotion, empathy and identity by adolescents from

romantic relationships. These lessons are important for adolescent development, resilience and happiness and can often be a good foundation for good relationships in adulthood. Having a love partner during adolescence enhances one's self-esteem. Youth are happier with themselves when they have close, open relationships. The closeness, trust, and support that individuals get from romantic relationships are highly valued by young people. Although conflict within romantic relationships grows with age, teens actually report more disputes with their parents. For young couples, spending time doing things together is crucial.

Attachment styles are the ways of bonding children develop in childhood and take into their relationships in adulthood. These patterns are believed to stem from the quality of care received during early years. They revolve around the belief in the attachment figure's ability to offer both a secure haven for seeking support, safety, and comfort during difficult times, and a solid foundation for exploring the world when things are going well. Attachment styles elucidate how individuals feel secure and comfortable in close connections, yet also desire closeness while fearing rejection. They describe tendencies towards independence or maintaining distance from others. Ainsworth pioneered the identification of attachment styles, which classify children's behaviors based on their reactions to caregivers' presence or absence. These styles manifest in relationship behaviors, particularly during moments of crisis. For example, individuals with secure attachment may express their feelings openly and seek support, while those with insecure attachment may avoid intimacy, act selfishly, or become overly needy when feeling vulnerable in relationships. The four types of attachment styles in children and adults include secure, anxious-preoccupied, avoidant and disorganized. Children and adults with secure attachment styles feel comfortable exploring their environment, knowing they have a reliable caregiver to return to for support. They trust their caregiver to meet their needs and provide comfort when necessary. Individuals with this attachment style often worry about their relationships and fear rejection or abandonment. They may seek excessive reassurance from their caregiver or partner, and their sense of self-worth may be dependent on others' validation. People with avoidant attachment tend to keep their distance from others emotionally. They may avoid intimacy and have difficulty trusting others. They might downplay the importance of relationships and prefer to maintain independence.

This attachment style can be a mix of conflicting behaviors. Individuals with disorganized attachment may exhibit unpredictable or chaotic behaviour in relationships, often stemming from past experiences of trauma or inconsistent caregiving. They may struggle with regulating their emotions and forming stable relationships.

Previous research studies have shown some connections between Attachment style and childhood experiences, a study which was published by Kewalramani and Sneha

(2022) investigated the connection between young people's current family dynamics and adverse childhood experiences (ACEs). The researchers concentrated on the aspects of family interactions that deal with conflict, expressiveness, and cohesiveness. 104 young adults, ages 20 to 30, who were stationed in India, had their data collected with the help of ACE Scale, Brief Family Relationship Scale. According to the study, there is a positive correlation between ACEs and conflict in current family relationships and a negative correlation with cohesion and expressiveness. However, a gender-based analysis showed that these correlations weren't always consistent. Conflict was negatively correlated with only some ACE characteristics in females, whereas cohesion and expressiveness were negatively correlated with all ACE aspects. Male ACEs had varying relationships across different ACE characteristics, with cohesion and conflict being negatively correlated and positively correlated, respectively.

Fitria Sari and Hapsari (2022) also examined the connections between young adults in Malang, Indonesia, and their adult attachment styles, emotion control, and traumatic childhood experiences. They investigated these relationships and used a causal connection design and a quantitative methodology. Three psychological measuring tools were used by them to gather data: an adult attachment style measure based on the Attachment Styles Questionnaire, an emotion regulation scale based on the Interpersonal Emotion Regulation Questionnaire, and a childhood traumatic experiences scale. The results showed that childhood trauma had a major influence on young adults' ability to control their emotions in Malang. This suggests that those who suffered trauma as children could find it difficult to control their emotions as young adults. Another study conducted by Ayenew (2016) explored how adult attachment type affects couples' relationship satisfaction. The researcher examined individual variations in relationship satisfaction, the study included 306 participants in total, 159 of whom were female and 147 of whom were male, drawn from an Addis Ababa population sample. ECR- scale and the Relationship Assessment Scale were used to gather information on adult attachment and relationship satisfaction. Multiple regression analysis and Pearson correlation were used to examine the relationships and forecasts between the variables. The majority of the variables had strong relationships in the results, and relationship satisfaction was predicted by both attachment avoidance and attachment anxiety. Individuals who performed worse on both attachment indices expressed greater happiness with their relationships. Furthermore, Goldsmith et al., (2016) investigated the connection between sexual satisfaction and attachment type in romantic partnerships. The researchers explored how gender role ideology and sexual satisfaction are impacted by avoidance and anxiety connected to attachment. By means of an online survey, which was answered by young people and undergraduate students, they discovered that attachment style had a major influence on sexual satisfaction particularly for women. Reduced sexual communication, especially in men, was

linked to attachment-related anxiety and avoidance, according to several mediation and route analyses. The relationship between attachment-related anxiety and romantic satisfaction in women was totally mediated by gender role ideology and sexual communication, whereas the relationship between attachment-related avoidance and sexual happiness was only slightly mediated by sexual communication. These results imply that men and women experience sexual satisfaction differently depending on their attachment type, with more prominent in women. McCarthy and Maughan (2010) investigated into the connection between women who reported having bad parental experiences as children and the quality of their adult romantic relationships. They discovered a high correlation between adult love relationships' quality and attachment classifications with the help of using the Adult Attachment Interview (AAI). Adult love relationship troubles have been connected to weak working models of attachment. Even though secure attachment style was linked to the best possible outcomes for partnerships, some women who had fulfilling romantic relationships nevertheless displayed insecure attachment styles. These results imply that digesting early experiences as an adult may have an impact on psychosocial functioning later in life. The “complex interaction of child characteristics, such as demeanor and physical appearance, and external supports including positive relationships, supportive family members and mentors, that buffer the effects of adverse situations that place children at risk of maladjustment and imbalanced emotional reactivity” (Prince-Embury, 2015, p. 56). According to Bethell et al. (2014), resilience is “staying calm and in control when faced with a challenge” (p. 2106).

Experiencing trauma can make it harder for people to connect with others socially as it may leave them feeling on guard and focused on self-preservation than seeking love and support as noted by van der Kolk (2014). Those who have been, through events often have difficulties forming attachments especially when the trauma comes from people they trusted (Brunzell et al., 2016; Statman Well 2015). Building connections can be a challenge, for some individuals who tend to maintain a sense of distance from others as a way to protect themselves (Brunzell et al., 2016; Statman Well 2015). Adults who have encountered challenges in their youth often struggle with coping strategies that may not effectively support their relationships (Sheffler et al., 2020). One major reason, for this issue is that people who experienced mistreatment from their caregivers often feel powerless, within themselves. This can harm their ability to control their lives effectively and develop ways to deal with challenges. Consequently, Individuals who experienced mistreatment in their youth may frequently mention being more sensitive and displaying hostility and aggression in their relationships, as adults while also feeling less confident about themselves (Doyle & Cicchetti 2017). These traits could negatively influence friendships in adulthood and the quality of relationships well as their connections with their own children (Doyle & Cicchetti 2017). Additionally, An adverse childhood experiences (ACEs) can have long term

effects, on adults beyond how they interact with their children by impacting future generations too. Resilience plays a role, in bouncing from tough times during childhood and reducing the impact of adverse childhood experiences (ACEs) in adulthood (Bellis et al., 2017). The ability to overcome challenges is at the core of resilience according to research by Heard Garris et al., 2018 and Sciaraffa et al., 2018. When looking at resilience from a perspective. Vulnerability. Coping stands out as key factors determining one's resilience levels as explained by Rutter, in his work from 1990. Traits linked to resilience include characteristics such, as perseverance, self confidence in ones abilities s ability to regulate emotions and thoughts during situations, flexibility to adapt tolerance, for dealing with emotions and focus towards achieving goals (Poole et al., 2017).Oshri et al.(2019)argued that resilience is not an unchanging quality but a transformative journey that evolves with time. Current research, on resilience aims to explore the factors that impact how individuals respond to challenges and how professionals assisting ACE victims can foster resilience in them (Bellis et al., 2017). Different studies by Bethell et al. (2016) Brogden & Gregory (2019) Heard Garris et al. (2018) Moses & Villoda (2017) Sciaraffa et al. (2018). Woods Jarger et al. (2018) Contribute insights, in this area. Resilience is shaped by a combination of external influences. Personal characteristics linked to resilience encompass independence, positivity, self-control, self-confidence. The general nurturing of emotional abilities (Bellis et al., 2017; Brogden & Gregory 2019; Crouch et al., 2018; Crouch et al., 2019; Heard Garris et al., 2018). Developing problem solving skills and the ability to learn from errors are aspects of resilience as noted by Heard Garris and colleagues in 2018. In an examination focusing on individuals facing multiple ACEs it was highlighted that having a clear sense of direction plays a significant role, in fostering resilience as highlighted by Hamby et al. In 2020. This sense of purpose can be derived from connecting with something, than oneself according to the research (Hamby et al., 2020). Strong family connections and dependable support networks, beyond the family are external influences that contribute to developing resilience. In the group are connections, with parents, positive bonds, with caregivers' parents' ability to handle stress effectively and a feeling of belonging or attachment (Bellis et al., 2017; Bellis et al., 2018; Bethell et al., 2016; Brogden & Gregory 2019; Crandall et al., 2019; Heard Garris et al., 2018; Sciaraffa et al., 2018; Woods Jaeger et al., 2018). In the group of factors that enhance resilience are external elements that have been recognized as supportive influences; friends. Guides. Educational institutions. Local communities. Cultural backing sources (Bellis et al., 2017). Brogden & Gregory (2019) Heard Garris et al. (2018) Moses & Villodas (2017) and Soleimanpour et al. (2017) Have cited these supports. For instance a strong support system, like having a relationship with a sibling or being part of a sports team has been shown to reduce the likelihood of engaging in activities for males who have experienced physical abuse (source; Widom 2017). Social and emotional learning techniques have been linked to enhanced emotional abilities leading to better social

and academic results for students (as, per Oshri et al., 2020). Nadine Burke Harris (2018) highlighted the importance of having an adult figure to prevent stress from escalating into harmful levels of stress in her research findings (page 85). Similarly expressed by van der Kolk (2014) children who can rely on their parents for comfort and support are bestowed with an advantage that shields them from life's challenges (page 112). Bellis and colleagues, in 2018 mentioned the importance of having an adult figure during ones childhood to offer comfort and protection from the enduring stress of childhood experiences (ACE). Additionally, Crouch et al.'S study, in 2019 revealed that individuals who have encountered four or more ACE situations benefited more from an adult who provided safety during their formative years compared to those who only met their basic needs.

According to Hardcastle and colleagues, in their 2018 study Research, on resilience also emphasizes the significance of receiving guidance from an adult to lessen the impact of Adverse Childhood Experiences (ACEs). Although people often associate this support with a parent or family member it's essential to recognize the contribution of educators in this aspect well. Establishing connections with teachers has proven to offer a shield, against behavioral issues in individuals who have faced abuse and neglect in the past. Having a support system has been proven time and time again to play a role, in helping individuals recover from traumatic experiences (Bellis et al., 2018, Crouch et al., 2019 ; Hardcastle et al., 2018 ; Walsh et al., 2019). The support, from others plays a role in building resilience. Should not be underestimated. Research has shown that family dynamics are crucial for individuals wellbeing (Balistreri & Alvira Hammond 2016 Soleimanpour 2017). Family dynamics involve communication between parents and children along with parental stress levels. Factors that contribute to improved mental health, in teenagers and higher school engagement while reducing alcohol and substance abuse (Balistreri & Alvira Hammond 2016).

Family bonds aside; having a network is crucial, for wellbeing and resilience according to Dr.Bessel van der Kolk in 2014 who emphasized the significance of social support, in mitigating stress and trauma during times of disaster. He mentioned that the key factor here is reciprocity. The assurance that someone is genuinely listening and understanding them and showing concern creates an atmosphere vital, for trauma survivors to recover (van der Kolk 2014). Bellis et al (2018) in addition, to this point...Having role models and creating opportunities, for networking and forming friendships while also promoting a sense of fairness and equality, in how children perceive their treatment might not improve childhood experiences but also play a crucial role in maintaining good health and attendance in education. Studies have shown that children facing challenges require the assistance and motivation of individuals, like parents or caregivers to develop resilience. Whether it be from family members or supportive adults, in their school or community (Balistreri & Alvira

Hammond 2016 Bellis 2018 Soleimanpour 2017 van der Kolk 2014).

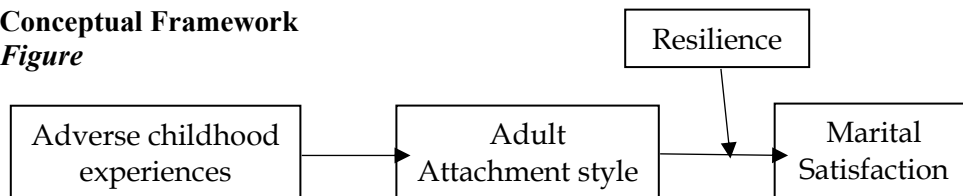
Theoretical Framework

This paper discusses attachment theory as a mechanism to explain associations between adult attachment styles, resilience and marital satisfaction in adults who have had adverse childhood experiences (ACEs). Attachment theory (Bowlby, 1969) suggests that interactions with early caregivers lead to three attachment styles—secure, anxious-ambivalent or avoidant—and eventually affect relationship-related behaviors and resilience (Bretherton, 1992; Ainsworth et al., 1978). Associated with this high resilience is secure attachment while on the other hand, insecure attachment (especially anxious attachment) is found to correlate low resilience and marital difficulties (Mikulincer & Shaver, 2007).

We expect secure attachment would exert a positive effect on marital satisfaction among the ACE victims, as people who have adaptive communication patterns and skills in conflict resolution are probably called holders of social versus those who are suffering with a traumatic experience (Shorey et al., 2011). It further posits that resilience would also lead to marital contentment due to its functional role in ameliorating the adverse impact of stressors related to marriage (Masten, 2014). This study seeks to shed light on the impact of early attachment experiences on adult relationship functioning and well-being.

Conceptual Framework

Figure



Model diagram

This is a hypothesized path model's conceptual structure. It demonstrates how Adult Attachment Styles has a link with Marital Satisfaction, which is mediated by Resilience in adults with Adverse Childhood Experiences.

LITERATURE REVIEW

This review of the literature identifies important deficiencies in the research, focusing on a population exposed to ACEs that may experience influences of attachment styles and resilience factors on marital satisfaction. While there is considerable literature on the effects of ACEs on attachment and resilience separately, their interaction remains under-explored. Future longitudinal studies would be best placed to examine long-term influences of ACEs upon marital satisfaction, whilst additional work should

explore the mediating and moderating factors, e.g., social support, socio-economic status and mental health treatment or interventions.

Further, little is known about various cultural contexts such that a need exists to study potential cultural moderators as well as the moderating/multiplying effects of gender on attachment and resilience. Potential directions for future studies would be to assess any differences between particular classes of ACEs (i.e., abuse vs. neglect) and their effects on attachment and resilience, as well as looking at other personality traits such as neuroticism and extraversion. Investigations into the efficacy of interventions, such as attachment-based therapies, in at-risk populations and the biological and neural bases of these relationships may help to inform future studies, ultimately leading to more effective intervention for individuals with ACEs.

RESEARCH OBJECTIVES

1. To examine the relationship of secure adult attachment style, resilience and marital satisfaction in adults with adverse childhood experiences.
2. To examine the significant difference of different demographic variables (gender, age, education) and study variables in adults.

RESEARCH HYPOTHESES

1. Secure attachment style and high resilience will be positively correlated with marital satisfaction among adults with adverse childhood experiences.
2. Insecure attachment style (Anxious and Depend) and low resilience will be negatively correlated with marital satisfaction among adults with adverse childhood experiences.
3. Resilience will play a moderating role between the relationship of adult attachment style and marital satisfaction in adults with adverse childhood experiences.
4. There will be a significant difference in the study variables among adults based on different demographic variables, including age, gender, and education.

RESEARCH METHODOLOGY

Sample

The method of data collection that was implemented was convenient sampling. Participants were married adults. The participants of the study included 140 respondents. Demographic information of the participants indicated that the ages of the participants ranged from 18 to 45 years ($\bar{x}=30$ & $SD=6$). This study used men and women who were currently married and had an Adverse childhood experience. This study did not involve unmarried people or anyone with other forms of psychological disorders.

Table 1: Descriptive Statistics of Demographic Variables of the participants (N=140)

Variables	f	%	M	SD	Range	
					Min	Max
Age			30	6	18	45
Gender			1.6	.49		
Male	56	40				
Female	84	60				
Education			2.44	.660		
Intermediate	7	5				
Bachelor's	70	50				
Master's	57	41				
PhD	6	4				
Socioeconomic Status			2.14	.590		
Lower	16	11				
Middle	89	64				
Upper	35	25				
Family Structure			1.30	.460		
Nuclear	98	70				
Joint	42	30				

Note. No of participant (N) =140, f=Frequency; %=Percentage, M=Mean, SD=Standard deviation

The data collected from a sample of 140 participants showed that 40% males and 60% females were a part of the part sample. From which the majority of the participants had the education of Bachelor's (50%), 41% were Master's, 5% were intermediate and 4% were PhD. Majority of the population belonged from a Middle class socioeconomic status (64%), 25% belonged from upper class socioeconomic status and 11% belonged from lower class socioeconomic status. Majority of the participants belonged from nuclear family structure (70%) while the rest belonged from joint family structure.

Assessment Measures

Adverse Child Hood Experiences Questionnaire (ACE-Q)

This measure was initially proposed by Kaiser Permanente. The 10-item retrospective questionnaire assessed child abuse, neglect, familial conflict and household dysfunction as adverse events. The score increases with the number of adverse events

experienced (Vallejos et al. 2017). The questionnaire was validated and has a test-retest reliability of .74 (Dube et al. 2004).

Revised Adult Attachment Scale (RAAS-1996)

The Revised Adult Attachment Scale (Collins, 1996) is an 18- item scale comprising of three subscales which include “Close” (6 items), “Depend” (6 items) and “Anxiety” (6 items). The Revised Adult Attachment Scale is a useful instrument that is a measure of attachment among individuals in the three dimensions which are closeness, dependence and anxiety. The Revised Adult Attachment Scale demonstrates acceptable internal consistency. (Cronbach coefficient alpha of .83)

Brief Resilience Scale (BRS)

The Brief Resilience Scale (BRS) assess the perceived capacity to spring back or recover from stress. It was proposed by Smith et al. in 2008 and has “6” items. Surveys use a five-point Likert scale to measure respondents’ agreement with the statements and may include “I tend to bounce back quickly after hard times” and “I have a hard time making it through stressful events” (reverse-scored). Higher average scores suggest that the individuals have a higher perceived level of resilience. The BRS is special in that it focuses specifically on the concept of resilience in terms of the ability to recover from stress as opposed to other, related constructs. Internal consistency is quite high, with Cronbach's alpha ranging from .80 to .91.

Couples Satisfaction Index (CSI-32)

CSI is a self-report questionnaire that is frequently used to gauge relationship or Marital satisfaction. Funk and Rogge proposed the tool in 2007 to help rate several aspects of a couple’s relationship or marital satisfaction. The questions are made to cover a number of areas of the relationship including communication, intimacy, trust, how the couple handles conflict and overall satisfaction. The internal validity of CSI is supported by Cronbach’s alpha values of 0.62 to 0.90. The CSI-32 scores can be between 0 and 161. Higher scores represent higher levels of relationship or marital satisfaction. Scores below 104.5 are indicative of moderate to severe relationship or marital dissatisfaction.

Procedure

The research would be conducted in two phases.

Phase 1 – Screening Phase

Initially a sample of 400 individuals was taken through convenient sampling technique to screen out individuals who have had adverse childhood experiences. Those participants were approached through community groups on social media (Facebook, Instagram etc.) and filtered through online questionnaires, and their contact details

were taken in order to contact them again.

Phase 2 – Main Study

In the second phase, from the participants who scored high on ACEs questionnaire, a subset were participants for further in-depth data collection. These questionnaires aimed to delve deeper into the experiences and feelings of those individuals seeking to probe further into the relationship between ACEs, Adult attachment styles and marital satisfaction.

Statistical Analysis

In investigating the relationship hypothesis, this study employed the Pearson Product Moment Correlation to analyze the associations among adult attachment, resilience, and marital satisfaction. Linear regression analysis was utilized to predict marital satisfaction and resilience. Furthermore, to evaluate the demographic variables and reliability of the data, Reliability Analysis was performed. Moderation Analysis using the Hayes Process Macro was performed to analyze the moderating effects of resilience, adult attachment, and marital satisfaction. To assess the demographic properties of data independent sample t-test was performed.

Ethical Considerations

The study employed online community group data of people with ACEs, and several ethical considerations were observed right from the start of the research. First, the participants were given adequate information and understanding of the study's objectives, method of operation and effects. The following Information was given in simple language in an evident attempt to make sure that everybody understood. Subsequently, the participants were requested to give their voluntary informed consent in writing to be involved in the study in compliance with IRB's and other ethics guidelines. To prevent compromising the participants' identities and anonymity, and as such, the concept of confidentiality was strictly adhered to. Data collected All the gathered data were processed, and all other information that could identify the participants was obtained and secured by the research team only. Both data sets were collected and used for research purposes only, and customers' data were never disclosed to other third parties. Then, participants were made aware of their freedom to withdraw from the research without any repercussions. This ensured that the participants participated of their own free will and felt they had the power to make decisions in the research. Once the questionnaire was administered to participants, they were briefed and allowed to express their feelings towards the entire study. This debriefing session gives the participant a better understanding of the research and its importance and needs any assistance.

Additionally, because the process of discussing ACEs might be uncomfortable or even

traumatic for some people, participants were offered counselling services. Any participant who offered a desire for any emotional or psychological help was provided with a referral to seek professional counselling services so that such participant could easily overcome any emotional strain or any difficulty they might encounter while participating in the study. These steps made the research very responsible and sensitive to the welfare and self-determination of the participants.

DATA ANALYSIS AND RESULTS

Table 2: *Psychometric properties of scales*

<i>Scales</i>	<i>M</i>	<i>SD</i>	<i>K</i>	<i>Range</i>	<i>Cronbach's a</i>
RAAS	54.5	6.4	18	40-68	.70
Close	18.1	4.7	6	6-26	.75
Dependent	16.7	4.2	6	8-28	.72
Anxious	19.7	5.9	6	7-30	.78
CSI	92.1	28.0	32	36-135	.75
BRS	15.3	5.0	6	8-27	.77

Note. α = reliability coefficient; M=Mean; S. D=standard deviation; RAAS= Revised Adult Attachment Scale; BRS= Brief Resilience Scale; CSI=Couple Satisfaction Index

The result of table 3 indicates that the alpha reliability coefficients are acceptable and satisfactory. Overall scales are good and acceptable. The reliability obtained for Revised Adult attachment scale (RAAS) is .70 and its subscales; Close, Dependent and Anxiety are found to be .75, .72, .78, respectively. Brief Resilience Scale (BRS) is found to have the reliability of .77. Couple Satisfaction Index-32 (CSI-32) is found to have the reliability if .75. Therefore, decision was taken to proceed for further analysis with normality established.

Table 3: Correlation for Secure Adult Attachment Style, Marital Satisfaction, and Resilience Variables

Variables	<i>M</i>	<i>S.D.</i>	1	2	3
RAAS (<i>Secure</i>)	18.06	4.72	-		
CSI	15.26	5.05	.674**	-	
BRS	92.09	28.08	-.099	-.014	-

Note: N=no of responses= 140; * $p < .05$. ** $p < .01$; AAS= Revised Adult Attachment Scale; BRS= Brief Resilience Scale; CSI=Couple Satisfaction Index

The results of Pearson Product Moment correlation showed that Secure attachment style was found to be positively significantly correlated with couple satisfaction index.

The results of Pearson Product Moment correlation also showed that secure attachment style was found to be negatively non-significantly correlated with brief resilience scale. The couple satisfaction index was also found to be negatively non-significantly correlated with brief resilience scale.

A negative correlation implies that if the values of couple satisfaction index are high, the values of brief resilience scale are low, and vice versa but the connection between them is so weak that it might just be due to random chance. There's no strong evidence that they are actually related.

Table 4: Correlation for Insecure Adult Attachment Style, Marital Satisfaction, and Resilience

<i>Variables</i>	<i>M</i>	<i>S.D.</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>RAAS (Insecure -Dp)</i>	16.68	4.21	-			
<i>RAAS (Insecure – An)</i>	19.74	5.93	-.639**	-		
<i>CSI</i>	15.26	5.05	.423**	-.533**	-	
<i>BRS</i>	92.09	28.08	-.148	-.037	-.014	-

Note; N=no of responses= 140; **p* < .05. ***p* <.01; AAS= Adult Attachment Scale; An= Anxious, Dp= Dependent; BRS=Brief Resilience Scale; CSI=Couple Satisfaction Index.

The results of Pearson Product Moment correlation showed that depend insecure attachment style was found to be positively significantly correlated with anxious insecure attachment style. The dependent insecure attachment style was also found to be positively significantly correlated with couple satisfaction scale, and negatively non-significantly correlated with brief resilience scale. The results of Pearson Product Moment correlation also showed that anxious insecure attachment style was found to be negatively significantly correlated with couple satisfaction index. The anxious insecure attachment style was also found to be negatively non-significantly correlated with brief resilience scale. The couple satisfaction scale was also found to be negatively non-significantly correlated with brief resilience scale. A negative correlation implies that if the values of couple satisfaction scale are high, the values of brief resilience scale are low, and vice versa.

Table 5: Moderation Analysis of Adult Attachment Styles, Resilience and Marital Satisfaction

<i>Predictors</i>	<i>CSI</i>				<i>95% CI</i>	
	<i>ΔR2</i>	<i>B</i>	<i>S.E.</i>	<i>P</i>	<i>LL</i>	<i>UL</i>
Main effect		155.65	66.75	.021	23.63	287.67
<i>AAS</i>		-1.21	1.20	.313	-3.59	1.16

<i>BRS</i>	-7.74	3.72	.039	-15.08	-.40
Interaction effect					
<i>ARS * BRS</i>	.031	.146	.067	.032	.28
<i>R²</i>	.112				
<i>F</i>	5.72				

Note. ΔR² = Per Unit Change β = Standardized coefficient, SE= Standard Error, LL=Lower Limit, UL= Upper Limit, p=significance level (p>.05).

As for Table 5, results of Moderation analysis are shown, that examined the degree of moderating role of resilience between attachment styles and couple satisfaction. Moderation analysis accounted for overall variance of 11.2% whereas interaction of attachment styles and resilience scored for 0.3% change in variance. This depicted that interaction effect of attachment styles and resilience resulted to be significant (β=.004, p<0.05). Thus, resilience is significant as moderator between attachment styles and couple satisfaction.

Graph No 1:

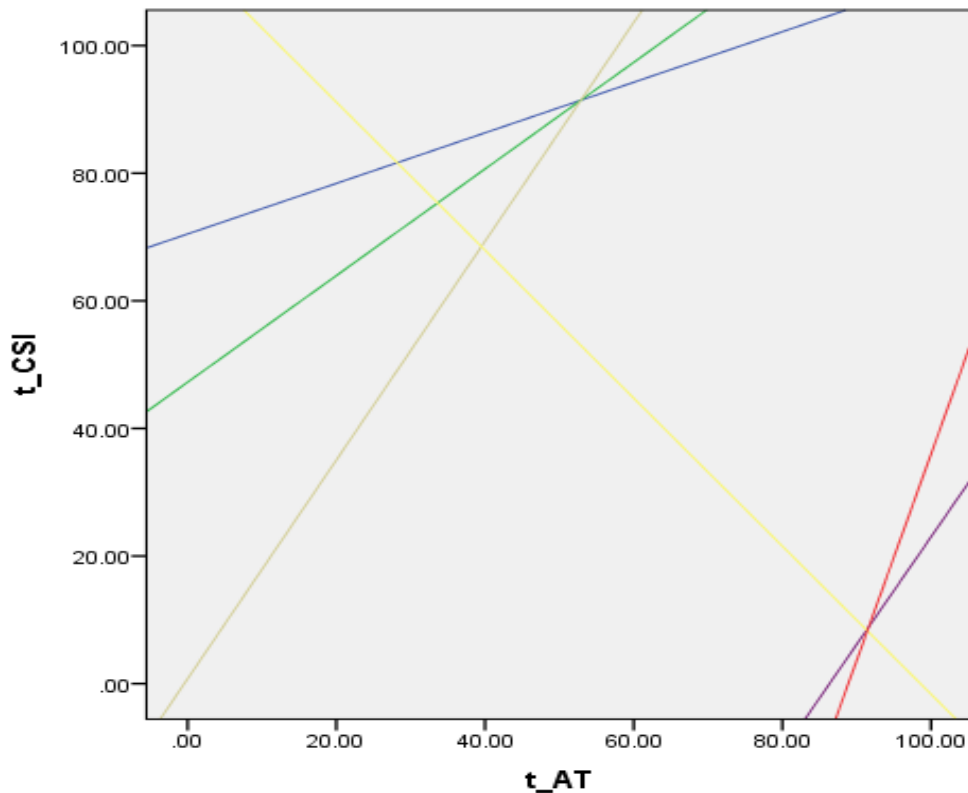


Table 6.1: Independent samples T-Test of Male and Female

Variables	Male (N=40)		Female (N=60)		t	p	Cohen's d
	M	SD	M	SD			
RAAS							
Secure	19	4.0	17	4.9	2.95	.097	.447
Insecure (Dp)	19	4.4	15	3.3	5.83	.080	1.026
Insecure (An)	18	5.9	21	5.6	-3.25	.481	.522
CSI	96	27.6	89	28.1	1.46	.954	.251
BRS	14	5.2	16	4.9	-1.75	.787	.396

Note. n is the number of Male (56) and Female (84); M=mean; SD=standard deviation; RAAS= Revised Adult Attachment Scale; BRS= Brief Resilience Scale; CSI=Couple Satisfaction Index

The results indicated that there was no significant difference between males and females in RAAS (Secure, depend, anxiety) and BRS, $p > .05$. The difference between males and females in BRS and CSI was not significant, $p > .05$. The Cohen's d values of AAS were .447, 1.02, and .522, suggesting small, large and medium effect sizes respectively. The Cohen's d value of BRS suggested medium effect size and Cohen's d value of CSI suggested small effect size. Conclusively, gender does not significantly impact scores on RAAS, CSI, and BRS.

Table 6.2: Means, Standard Deviations, and One-Way Analyses of Variance in Intermediate, Bachelor's, Master's, and PhD Levels.

Variables	Intermediate		Bachelor's		Master's		PhD		F	p	η^2
	M	SD	M	SD	M	SD	M	SD			
RAAS											
Secure	20	1.5	17	4.9	19	4.4	19	5.9	2.47	.064	.05
Insecure (Dp)	15	2.6	16	3.8	17	4.2	22	5.9	5.29	.002	.07
Insecure (An)	21	5.2	21	5.8	18	5.6	19	9.0	2.89	.037	.08

re (An)											
CSI	100	31.0	80	25.7	106	23.6	95	28.2	12.01	.000	6.46
BRS	18	5.3	15	5.1	15	4.6	17	7.6	.95	.416	.02

Note. n is the number of Intermediate (7), Bachelor’s (70), Master’s (57), and PhD (6); M=mean; SD=standard deviation; RAAS= Revised Adult Attachment Scale, Dp= Dependent, An= Anxious, ; BRS= Brief Resilience Scale; CSI=Couple Satisfaction Index.

The One-way ANOVA analysis indicates that there were no differences in Secure attachment style and anxious insecure attachment style across the education levels intermediate, bachelor’s, Master’s, and PhD. There was significant difference in Depend insecure attachment style among different education levels. There was also significant different among different education levels in couple satisfaction scale. There was also no significant difference among education levels in brief resilience scale.

DISCUSSION

This study investigates the relationships between ACEs and marital satisfaction mediated by attachment to spouses moderated by resilience. An analysis of responses from 140 married individuals (under age 45; standard measures here) found mixed results. Lastly, we found a significant positive correlation between your secure attachment and your marital satisfaction that is in line with earlier research indicating that adults who are more secure tend to have healthier relationships. Interestingly, no considerable association was observed for secure attachment with resilience, suggesting that other unmeasured variables (such as social support or personality characteristics) might also play a role in resilience among individuals with ACEs. Unexpectedly, dependent attachment style correlated positively with marital satisfaction, which may reflect the positive effect of dependency behaviour on satisfaction when partners provide support. Conversely, anxious attachment held a negative correlation with marital satisfaction that corresponds to prior findings where anxiously attached individuals experienced considerable relational turbulence. Resilience was not a significant predictor for marital satisfaction, presumably because although it helps deal with issues individually, other relational aspects such as communication is one of the key factors influencing marital satisfaction.

Additionally, the results demonstrated that resilience moderated the relationship between attachment styles and marital satisfaction supporting resilience as a potential protective factor for insecure couples' relational functioning. Only a few differences were found in the demographic variables – higher levels of education were associated

with less dependency in attachment and more marital satisfaction, indicating 'that educated individuals are often encouraged to be self-reliant' and that 'these same educational practices may contribute positively to relational processes. The findings highlight the complexity of adult relationships in individuals with ACEs, and suggest interventions that address attachment and resilience are warranted in efforts to improve marital satisfaction.

This study examined the intricate relationships between attachment styles, resilience, and marital satisfaction in adults with adverse childhood experiences (ACEs). Findings confirmed that secure attachment correlates positively with marital satisfaction, emphasizing the importance of secure attachment in fostering trust, communication, and intimacy within relationships. Therapeutic interventions, particularly those using Emotionally Focused Therapy, could focus on building secure attachments to enhance marital satisfaction for individuals with ACEs.

While resilience did not directly correlate with marital satisfaction, it did moderate the relationship between attachment styles and relationship quality. Therapy approaches that incorporate resilience-building techniques—such as cognitive-behavioral therapy and mindfulness—could strengthen coping skills and support relational well-being. The study also revealed unexpected positive correlations between dependent attachment style and marital satisfaction, while anxious attachment was linked to lower satisfaction. These findings suggest that tailored interventions for specific attachment insecurities may benefit individuals with anxious or dependent attachment styles, addressing self-esteem and independence where necessary. Overall, this study underscores the value of resilience and attachment-focused therapy in improving marital satisfaction among adults with ACEs.

RECOMMENDATIONS

The study sample may not be representative of the broader population, particularly in terms of demographic variables such as socioeconomic status, ethnicity, and cultural background. This limits the generalizability of the findings to other populations. The cross-sectional design of the study limits the ability to infer causality. Longitudinal studies are needed to examine the causal relationships between attachment styles, resilience, and marital satisfaction over time. The use of self-report measures, such as the Couple Satisfaction Index (CSI) and Brief Resilience Scale (BRS), may be subject to biases such as social desirability and self-perception inaccuracies. Future research could benefit from incorporating multiple assessment methods, including observational and partner-reported measures. The non-significant findings regarding resilience suggest that resilience is a complex construct influenced by various factors beyond attachment style. Future research should explore additional variables, such as social support, coping mechanisms, and individual personality traits, to better

understand the role of resilience in relationship dynamics. While focusing on adults with ACEs provides valuable insights, the study does not account for the potential impacts of other life experiences and stressors that might affect attachment styles, resilience, and marital satisfaction. A more comprehensive approach considering a wider range of experiences would provide a fuller understanding of these relationships. The moderation analysis revealed only a small proportion of variance explained by the interaction between attachment styles and resilience. This indicates that other unexamined factors may play significant roles in marital satisfaction. Future studies should investigate additional moderating and mediating variables to capture the complexity of these relationships.

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