

Unresolved Emotional Wounds and Their Impact on Marital Health: An Integrative Literature Review

Oheneba-Dornyo, S, Anum, D.

Abstract

Marriage is one of the most significant interpersonal relationships in adult life and has important implications for psychological well-being, physical health, family stability, and social functioning. Yet many individuals enter marriage carrying unresolved emotional wounds arising from childhood adversity, neglect, rejection, abandonment, betrayal, abuse, shame, and previous relational trauma. Although such experiences may remain concealed or unspoken, they frequently re-emerge within the intimacy of marriage, influencing emotional regulation, attachment, communication, trust, conflict management, sexual and emotional closeness, and perceptions of safety.

This literature review examines the relationship between unresolved emotional wounds and marital health by integrating perspectives from trauma psychology, attachment theory, family systems theory, cognitive-behavioural approaches, and faith-sensitive pastoral counselling. Contemporary literature indicates that childhood maltreatment, attachment insecurity, betrayal trauma, and difficulties in emotion regulation are associated with poorer adult relationship outcomes, marital dissatisfaction, psychological distress, and relational instability. The review further considers forgiveness, spiritual resources, trauma-informed counselling, and attachment-based interventions as potential pathways towards healing and marital restoration.

Particular attention is given to African and Ghanaian contexts, where marriage is influenced not only by the individual couple but also by extended family systems, communal expectations, cultural traditions, religious beliefs, and socioeconomic pressures. The review identifies important limitations in the literature, including the predominance of Western samples, limited longitudinal research, inadequate integration of spirituality into clinical models, and a scarcity of culturally grounded studies from Ghana and sub-Saharan Africa.

The article concludes that marital conflict cannot always be adequately understood by examining present behaviour alone. Some difficulties within marriage are expressions of pain that predates the relationship. Effective marital counselling must therefore move beyond surface-level conflict management towards identifying and healing the deeper emotional injuries that shape present relational patterns. Trauma-informed, culturally responsive, attachment-sensitive, and faith-integrated approaches offer important possibilities for restoring trust, emotional safety, intimacy, forgiveness, and marital resilience.

Keywords: Emotional Wounds; Marital Health; Trauma-Informed Counselling; Attachment; Forgiveness; Pastoral Counselling

Introduction

Marriage remains one of the most profound and influential relationships in human life. Beyond companionship and family formation, the quality of marriage can significantly affect psychological well-being, physical health, emotional resilience, family stability, and social functioning. Supportive marriages may provide emotional security, companionship, practical assistance, and a protective environment within which individuals can cope with the demands of life. Distressed marriages, however, may become sources of chronic emotional strain, anxiety, depression, loneliness, conflict, and psychological distress (Fincham & Beach, 2010; Kiecolt-Glaser & Newton, 2001; Robles et al., 2014; Whisman, 2007).

Marital difficulties are often approached from the standpoint of what is presently happening between two spouses: poor communication, sexual dissatisfaction, financial conflict, jealousy, emotional withdrawal, mistrust, anger, infidelity, or disagreements concerning children and extended family. While these matters are important, they do not always reveal the deeper source of relational distress.

Behind the angry spouse may be a person who learned early in life that vulnerability was unsafe. Behind the emotionally distant partner may be someone who repeatedly experienced rejection or abandonment. Behind controlling behaviour may be a profound fear of losing someone again. Likewise, excessive jealousy, persistent reassurance-seeking, emotional numbness, defensiveness, or difficulty receiving affection may reflect unresolved experiences that existed long before the marriage began.

These realities invite counsellors to ask not only, *“What is happening between this couple?”* but also, *“What happened to each partner before they entered this marriage, and how is that history influencing the relationship today?”*

Unresolved emotional wounds may originate from childhood maltreatment, parental neglect, abandonment, bereavement, humiliation, rejection, family instability, sexual or physical abuse, exposure to violence, betrayal, previous romantic experiences, or other traumatic relationships. When such experiences remain inadequately processed, they may become embedded in the individual’s emotional and relational world, influencing beliefs about self, others, intimacy, safety, love, and trust (Herman, 1992; Mikulincer & Shaver, 2016; van der Kolk, 2014).

The purpose of this literature review is therefore to examine how unresolved emotional wounds influence marital health. Drawing upon counselling psychology, trauma studies, attachment theory, family systems thinking, cognitive-behavioural perspectives, and Christian pastoral counselling, the paper seeks to develop a more comprehensive understanding of the ways past emotional injuries are carried into present marital relationships. It further explores implications for trauma-informed, culturally grounded, and faith-sensitive counselling practice.

Method of Review and Search Strategy

The review adopted a structured literature-search approach focusing primarily on peer-reviewed scholarship relevant to trauma, emotional wounds, marriage, attachment, emotional regulation, forgiveness, relationship functioning, and therapeutic intervention.

Major databases considered in the original review process included PsycINFO, PubMed, Scopus, Google Scholar, ERIC, and the ATLA Religion Database. Search terms included combinations of *marital health*, *marital satisfaction*, *marital distress*, *childhood adversity*, *emotional wounds*, *betrayal trauma*, *attachment insecurity*, *emotion regulation*, *forgiveness*, *trauma-informed counselling*, *pastoral counselling*, and *Emotionally Focused Therapy*.

Priority was given to empirical research, meta-analyses, theoretical literature, and clinically relevant studies examining the relationship between trauma-related variables and adult marital functioning. Particular attention was also given to research relevant to African and Ghanaian settings because of the distinctive role of culture, extended-family relationships, communal structures, socioeconomic circumstances, and religion in shaping marriage.

Studies focusing exclusively on dating relationships without meaningful relevance to marital functioning were generally outside the primary scope of the review. Literature without sufficient theoretical or empirical grounding was similarly excluded.

Understanding Marital Health

Marital health is broader than the absence of divorce or open conflict. A marriage may remain legally intact while being emotionally distressed, psychologically unsafe, relationally distant, or characterised by persistent hostility. Conversely, a healthy marriage involves more than simply remaining together.

Marital health may be understood as the quality of relational functioning that enables spouses to experience emotional safety, mutual respect, trust, constructive communication, intimacy, commitment, flexibility, shared meaning, and the capacity to negotiate inevitable differences without destroying the dignity of either partner.

Research has consistently demonstrated that marital quality is associated with important health outcomes. Robles et al. (2014), in their meta-analytic work, linked higher marital quality with improved physical health indicators. Earlier work by Kiecolt-Glaser and Newton (2001) similarly demonstrated important associations between marital functioning and physiological health. Marital distress has also been associated with depression, anxiety, and other psychological difficulties (Whisman, 2007).

Marriage is therefore a relational system in which the emotional life of one spouse inevitably influences the other. When one partner lives with chronic fear, unresolved grief, shame, hypervigilance, mistrust, or emotional withdrawal, the effects rarely remain confined to that individual. They gradually influence the emotional climate of the relationship.

Understanding Deep Emotional Wounds

Deep emotional wounds may be conceptualised as unresolved psychological injuries arising from experiences that overwhelmed, threatened, humiliated, rejected, abandoned, betrayed, or deprived an individual in ways that fundamentally affected emotional security and perceptions of self and others.

Traumatic experiences can challenge an individual's assumptions about safety, trust, love, control, worth, and belonging (Herman, 1992). They may also influence physiological and emotional responses to perceived danger long after the original experience has ended (Porges, 2011; van der Kolk, 2014).

For some people, the wound is connected with what happened to them. For others, it is connected with what they repeatedly needed but never received: affection, protection, affirmation, consistency, attention, security, or emotional availability.

A person may therefore grow into adulthood having survived the original experience while still carrying its emotional meaning.

A child who repeatedly experienced abandonment may become an adult who fears separation.

A child who was constantly criticised may become a spouse who interprets correction as rejection.

A person who survived betrayal may struggle to believe that another person can be trusted.

A child raised in an unpredictable home may develop a powerful desire to control the environment.

A person whose emotions were ignored may later find it difficult to identify, communicate, or tolerate emotional vulnerability.

The wound may be historical, but its relational consequences can remain very present.

How Emotional Wounds Enter Marriage

Marriage creates a level of emotional closeness that may activate unresolved experiences more powerfully than less intimate relationships. This occurs because marriage touches fundamental human needs for belonging, acceptance, security, affection, loyalty, and attachment.

The spouse therefore becomes more than a companion. He or she may unknowingly become connected in the wounded partner's mind with earlier experiences of safety or danger.

A delayed telephone call may be experienced not simply as lateness but as abandonment.

A disagreement may be interpreted not merely as difference but as rejection.

A request for privacy may be understood as emotional withdrawal.

Constructive correction may activate memories of humiliation.

A spouse's friendship with another person may provoke intense fear of betrayal.

Ordinary marital experiences can consequently become emotionally magnified because the present event touches a deeper unresolved wound.

Attachment theory provides an important framework for understanding these dynamics. Early attachment experiences contribute to expectations about whether significant others will be available, responsive, reliable, and emotionally safe (Bowlby, 1982; Mikulincer & Shaver, 2016). Where attachment security has been compromised, adult intimacy may be accompanied by anxiety, avoidance, fear of abandonment, excessive dependency, emotional distance, or difficulty trusting another person.

Emotional Regulation and Marital Distress

One of the central pathways through which unresolved wounds affect marriage is emotional regulation.

Emotion regulation involves the capacity to recognise, understand, tolerate, express, and manage emotional experiences in adaptive ways (Gross, 2015). Individuals with significant histories of trauma may experience heightened physiological and emotional reactivity. Conversely, some respond to distress through emotional numbing, withdrawal, avoidance, or dissociation.

Within marriage, these patterns may create recurring cycles.

One partner may become anxious and pursue reassurance. The other feels overwhelmed and withdraws. The withdrawal increases the first partner's fear, resulting in greater pursuit. The increased pursuit produces further withdrawal.

Alternatively, a spouse who associates disagreement with danger may respond to minor conflict with disproportionate anger, defensiveness, or fear. The partner may then retaliate, withdraw, or become equally defensive. Over time, both partners may begin responding not only to one another but also to the emotional histories they bring into the relationship.

Research examining emotional regulation within couples suggests that the capacity to regulate distress is meaningfully connected with relationship satisfaction and stability (Laurent & Powers, 2017).

Trust, Betrayal and Emotional Safety

Trust is foundational to marital health. Emotional wounds associated with betrayal can therefore be particularly destructive.

Betrayal trauma occurs when significant harm is caused by a person upon whom the individual depends or to whom the individual is emotionally attached (Freyd, 1996). Within marriage,

betrayal may involve infidelity, deception, financial secrecy, emotional abandonment, broken promises, abuse, or repeated violations of relational expectations.

Where a spouse already carries earlier experiences of betrayal, a later relational injury may reactivate previous pain. Consequently, the emotional response may represent both the present injury and the accumulated burden of past wounds.

Healing trust therefore requires more than asking the injured spouse to “move on.” Genuine restoration normally involves truth, accountability, emotional safety, consistency, empathy, appropriate boundaries, and sufficient time for damaged trust to be rebuilt.

Communication Problems as Symptoms of Deeper Pain

Many couples present for counselling reporting communication problems. Communication is indeed essential to marital functioning, and conflict-management skills are valuable. However, communication difficulties may sometimes be symptoms rather than the primary problem.

A partner may know how to communicate but become emotionally dysregulated whenever rejection is perceived.

Another may understand the importance of emotional openness but fear vulnerability because personal disclosure was previously used against him or her.

A spouse may appear stubborn when the deeper issue is fear.

Another may appear indifferent when emotional withdrawal is actually a learned survival strategy.

Communication training without attention to underlying attachment injuries may consequently bring temporary improvement without addressing the source of recurring distress.

This is one reason attachment-based and trauma-informed marital therapies emphasise emotional safety and corrective emotional experiences alongside communication skills (Johnson, 2004).

Family Systems and the Transmission of Emotional Wounds

Family systems theory broadens the discussion by recognising that individuals do not develop in isolation. Patterns of anxiety, emotional distance, conflict, control, caregiving, loyalty, and communication may be transmitted across generations (Bowen, 1978).

Marriage therefore often represents the meeting of two family histories.

Each partner brings learned expectations regarding gender roles, authority, affection, conflict, money, parenting, religion, sexuality, extended family, and emotional expression. They may also bring unresolved loyalties, griefs, rivalries, fears, and attachment patterns.

What appears to be conflict between two spouses may sometimes be the collision of two family systems.

Effective counselling consequently requires curiosity about the histories that shaped each partner rather than concentrating exclusively on the presenting conflict.

Cognitive Schemas and Marital Interpretation

Cognitive-behavioural and schema-oriented perspectives further explain how emotional wounds shape marital functioning.

Painful early experiences can contribute to deeply held beliefs or schemas concerning the self and relationships (Young et al., 2003). These may include beliefs such as:

I am not worthy of love.

People eventually leave.

Others cannot be trusted.

If I become vulnerable, I will be hurt.

I must control everything to remain safe.

Conflict means the relationship is ending.

Such beliefs influence how spouses interpret each other's behaviour.

Two people may therefore experience the same marital event very differently because each interprets it through a different personal history. Counselling should therefore help clients distinguish between the reality of the present relationship and interpretations that may have been shaped by previous wounds.

Misunderstanding Emotional Wounds in Christian Marriage

Christian marriages possess potentially powerful spiritual resources, including prayer, Scripture, Christian community, forgiveness, hope, meaning, and commitment. Nevertheless, religious language may sometimes be used in ways that unintentionally silence emotional pain.

A wounded spouse may be told simply to pray harder.

Depression may be interpreted as inadequate faith.

Trauma may be reduced to a spiritual problem.

An abused spouse may be pressured to forgive without appropriate attention to safety, accountability, justice, or boundaries.

A couple may assume that because both partners are Christians, unresolved psychological wounds should no longer affect them.

Such assumptions risk spiritualising what may require psychological, relational, medical, or trauma-informed attention.

Faith-sensitive counselling does not require counsellors to choose between psychological understanding and spiritual care. Rather, spiritually integrated practice recognises the sacred values of clients while also respecting psychological processes, emotional realities, professional ethics, and appropriate clinical intervention (Pargament, 2007).

Scripture itself does not deny emotional pain. The biblical tradition openly acknowledges grief, fear, betrayal, lament, abandonment, anger, and brokenheartedness. Psalm 147:3 declares that God “heals the brokenhearted and binds up their wounds.” This image of healing does not invite denial of wounds; it acknowledges their existence and points towards restoration.

Pastoral counselling should therefore create spaces where wounded spouses can tell the truth about their pain without being condemned for experiencing it.

Forgiveness, Reconciliation and Healing

Forgiveness occupies an important place within both psychological scholarship and Christian theology. However, forgiveness must be carefully understood.

Forgiveness is not the denial of injury.

It is not pretending that wrongdoing did not occur.

It does not necessarily require immediate restoration of trust.

It does not eliminate accountability.

Neither should forgiveness language be used to pressure an abused or endangered spouse to remain in unsafe circumstances.

Research has nevertheless demonstrated meaningful associations between forgiveness processes and relational well-being (Fincham & Beach, 2016; Rye & Pargament, 2017; Worthington & Wade, 2020).

Within pastoral counselling, forgiveness may become part of a broader healing process in which the injured person confronts the reality of the wound, processes its emotional impact, establishes appropriate boundaries, releases destructive patterns of bitterness where possible, and develops a new relationship with the memory of what occurred.

Reconciliation, however, generally requires participation from both parties. Trust that has been broken must be rebuilt through credible behaviour.

The African and Ghanaian Context

The experience of marriage in Ghana and many parts of sub-Saharan Africa cannot be fully understood through highly individualistic models of couple relationships.

Marriage frequently exists within broader networks of extended family, kinship, community, religion, customary expectations, and reciprocal obligations. Parents, siblings, in-laws, traditional structures, churches, and community relationships may all influence marital decision-making.

These relationships can provide considerable emotional, spiritual, financial, and practical support. They may also become sources of tension when boundaries are unclear or competing loyalties emerge.

In addition, African couples may face distinctive pressures associated with unemployment, housing, infertility, parenting, migration, gender expectations, economic hardship, caregiving responsibilities, and expectations concerning extended-family support.

Research on intimate partner violence and marital instability in sub-Saharan African contexts further demonstrates the need to consider power, gender, economic vulnerability, and social norms when assessing marital distress (Yaya et al., 2024).

Faith is also central to many Ghanaian marriages. Churches and religious leaders are frequently among the first sources of assistance approached by distressed couples. This places significant responsibility on pastoral counsellors and clergy to distinguish between ordinary marital conflict, trauma responses, serious mental-health difficulties, intimate partner violence, and situations requiring specialised referral.

A culturally appropriate model of marital counselling in Ghana should therefore be relational, family-aware, trauma-informed, ethically grounded, and respectful of faith.

Clinical and Pastoral Implications

The literature carries several important implications for professional counsellors, marriage therapists, clergy, pastoral counsellors, psychologists, and other helping professionals.

First, assessment should extend beyond the immediate marital complaint. Counsellors should sensitively explore childhood experiences, significant losses, attachment history, previous relationships, abuse, betrayal, rejection, family-of-origin patterns, and other potentially traumatic experiences.

Second, treatment should distinguish between the trigger and the wound. The present conflict may activate emotional material that originated much earlier.

Third, couples may need psychoeducation concerning trauma and attachment. Understanding why a spouse reacts in a particular manner can create compassion, although understanding should never become an excuse for abusive behaviour.

Fourth, emotional regulation should form an important component of intervention. Couples may need assistance identifying triggers, calming physiological arousal, tolerating difficult emotions, communicating needs appropriately, and responding rather than reacting.

Fifth, counselling should work towards rebuilding emotional safety. Vulnerability cannot flourish where spouses feel threatened, ridiculed, coerced, chronically criticised, or emotionally unsafe.

Sixth, faith-sensitive counselling should integrate spiritual resources respectfully rather than impose them mechanically. Prayer, Scripture, forgiveness practices, Christian community, spiritual reflection, and meaning-making may be powerful resources when they are consistent with clients' beliefs and used ethically.

Finally, multidisciplinary collaboration is essential. Some marital problems require collaboration with psychiatrists, psychologists, physicians, social workers, legal practitioners, domestic-violence services, clergy, or other professionals. Pastoral counselling becomes strongest when spiritual care is integrated with competent professional practice rather than used as a substitute for it.

Implications for Counsellor Training

Counsellor education should prepare practitioners to recognise that marital difficulties may reflect trauma histories and attachment injuries rather than merely poor communication.

Training should therefore include trauma-informed assessment, attachment theory, family systems, crisis intervention, safeguarding, intimate partner violence, emotional regulation, forgiveness interventions, multicultural competence, and spiritually integrated counselling.

Pastoral counsellors in particular need competencies that enable them to hold theology and psychology in constructive dialogue.

The wounded person sitting before the counsellor is not merely a collection of symptoms. He or she is a human being carrying a story—often a story of pain, survival, hope, faith, disappointment, longing, and resilience.

Professional competence and pastoral compassion must therefore work together.

Limitations of the Existing Literature

Several limitations remain evident within the literature.

First, a substantial proportion of relationship and trauma research has emerged from Western populations. Findings cannot automatically be assumed to operate identically within African relational, cultural, and religious settings.

Second, many studies rely on cross-sectional designs, making it difficult to establish causal pathways between childhood adversity, adult emotional functioning, and later marital outcomes.

Third, research often examines trauma, attachment, emotional regulation, marital satisfaction, or spirituality independently rather than integrating these factors within a comprehensive model.

Fourth, faith-sensitive approaches remain insufficiently studied despite religion's significant influence on marriage in many societies, particularly within Africa.

Finally, there remains inadequate empirical investigation into the ways theological beliefs, pastoral practices, cultural expectations, and psychological trauma interact within Christian marriages.

Directions for Future Research

Future scholarship should prioritise longitudinal studies examining how emotional wounds influence marital development across time and how therapeutic healing affects relationship trajectories.

There is a particular need for rigorous research within Ghana and other sub-Saharan African countries. Such studies should examine the interaction of attachment, trauma, spirituality, extended-family relationships, gender expectations, socioeconomic pressures, and cultural understandings of marriage.

Researchers should also develop and evaluate culturally adapted trauma-informed marital interventions.

Emotionally Focused Therapy, attachment-oriented approaches, cognitive-behavioural couple interventions, forgiveness-based programmes, and pastoral counselling models may offer considerable promise, but their effectiveness should be systematically evaluated within African and Christian populations.

Future research should additionally explore protective factors. Not every individual exposed to childhood adversity develops marital dysfunction. Faith, social support, emotional intelligence, secure later attachments, personality characteristics, counselling, supportive community relationships, and resilience may moderate the impact of earlier wounds.

Understanding why some wounded individuals develop healthy marriages may be as important as understanding why others struggle.

Conclusion

Unresolved emotional wounds can quietly enter marriage with the people who carry them.

They may be hidden beneath professional success, religious commitment, social respectability, humour, independence, achievement, or apparent strength. Yet when intimacy exposes deep needs for love, security, acceptance, trust, and belonging, old wounds may re-emerge.

Consequently, some marital conflicts are not simply arguments about the present. They are encounters between present circumstances and unfinished emotional histories.

Childhood adversity, rejection, abandonment, betrayal, neglect, attachment injuries, shame, and other traumatic experiences can influence emotional regulation, communication, trust, intimacy, conflict management, and marital satisfaction. Healing therefore requires more than behavioural correction. It requires compassionate attention to the wounded places from which behaviour sometimes emerges.

This perspective changes the counselling question.

Instead of asking only, “*What is wrong with this spouse?*” the counsellor may also ask, “*What has this person experienced, what meaning did that experience create, and what remains unhealed?*”

Such an approach does not remove personal responsibility. Rather, it deepens understanding and makes more effective intervention possible.

For the pastoral counsellor, healing also possesses a spiritual dimension. Faith can offer meaning, hope, forgiveness, community, identity, and the possibility of renewal. Yet genuine spiritual care should never silence psychological pain. It should create an environment in which truth can be spoken, wounds can be acknowledged, appropriate help can be received, and restoration can gradually occur.

Healthy marriages are not marriages in which pain has never existed. They are relationships in which pain is recognised, addressed, and prevented from becoming the controlling force in the relationship.

Healing unresolved emotional wounds is therefore more than an individual therapeutic concern. It is an investment in stronger marriages, healthier children, more resilient families, stronger faith communities, and healthier societies.

References

Amato, P. R. (2016). The consequences of divorce for adults and children. *Journal of Marriage and Family*, 78(2), 295–313.

Bowen, M. (1978). *Family therapy in clinical practice*. Jason Aronson.

Bowlby, J. (1982). *Attachment and loss: Vol. 1. Attachment* (2nd ed.). Basic Books. (Original work published 1969)

- Fincham, F. D., & Beach, S. R. H. (2010). Marriage in the new millennium: A decade in review. *Journal of Marriage and Family*, 72(3), 630–649.
- Fincham, F. D., & Beach, S. R. H. (2016). Forgiveness and marital quality: Meta-analytic review. *Journal of Family Psychology*, 30(1), 1–9.
- Freyd, J. J. (1996). *Betrayal trauma: The logic of forgetting childhood abuse*. Harvard University Press.
- Gross, J. J. (2015). Emotion regulation: Current status and future prospects. *Psychological Inquiry*, 26(1), 1–26.
- Herman, J. L. (1992). *Trauma and recovery*. Basic Books.
- Johnson, S. M. (2004). *The practice of emotionally focused couple therapy: Creating connection*. Brunner-Routledge.
- Karney, B. R., & Bradbury, T. N. (1995). The longitudinal course of marital quality and stability: A review of theory, methods, and research. *Psychological Bulletin*, 118(1), 3–34.
- Kiecolt-Glaser, J. K., & Newton, T. L. (2001). Marriage and health: His and hers. *Psychological Bulletin*, 127(4), 472–503.
- Laurent, H. K., & Powers, S. I. (2017). Emotion regulation in couples: Implications for relationship satisfaction and stability. *Journal of Family Psychology*, 31(6), 736–745.
- Mikulincer, M., & Shaver, P. R. (2016). *Attachment in adulthood: Structure, dynamics, and change* (2nd ed.). Guilford Press.
- Pargament, K. I. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. Guilford Press.
- Porges, S. W. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation*. W. W. Norton.
- Robles, T. F., Slatcher, R. B., Trombello, J. M., & McGinn, M. M. (2014). Marital quality and health: A meta-analysis. *Psychological Bulletin*, 140(1), 140–187.
- Rye, M. S., & Pargament, K. I. (2017). Forgiveness and marriage: A review and conceptual framework. *Journal of Family Therapy*, 39(4), 423–445.
- Stanley, S. M., Markman, H. J., & Whitton, S. W. (2002). Communication, conflict, and commitment: Insights on the foundations of relationship success from a national survey. *Family Process*, 41(4), 659–675.

- Vaillancourt Morel, M. P., et al. (2024). Childhood maltreatment and adult romantic relationships: A meta-analytic review. *Journal of Family Psychology*, 38(2), 123–139.
- van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.
- Whisman, M. A. (2007). Marital distress and DSM-IV psychiatric disorders in a population-based national survey. *Journal of Abnormal Psychology*, 116(3), 638–643.
- Whisman, M. A., et al. (2022). Marital distress and mental health: A meta-analytic update. *Clinical Psychology Review*, 95, 102160.
- Worthington, E. L., Jr. (2005). *Forgiveness and reconciliation: Theory and application*. Routledge.
- Worthington, E. L., Jr., & Wade, N. G. (2020). *Handbook of forgiveness* (2nd ed.). Routledge.
- Yaya, S., et al. (2024). Intimate partner violence and marital stability in sub-Saharan Africa: A systematic review. *BMC Public Health*, 24(1), 112–124.
- Young, J. E., Klosko, J. S., & Weishaar, M. E. (2003). *Schema therapy: A practitioner's guide*. Guilford Press.