

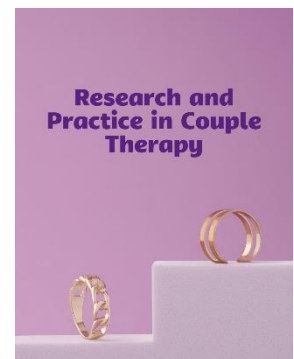


The Impact of Unresolved Family-of-Origin Trauma on Marital Vulnerability: A Narrative Analysis

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ABSTRACT

This study aimed to explore how unresolved trauma from the family of origin contributes to vulnerability in adult marital relationships, as narrated by individuals with early adverse experiences. Using a qualitative narrative research design, the study involved semi-structured interviews with 22 adult participants (12 women, 10 men) residing in Canada, all of whom self-identified as having experienced significant trauma in their family of origin. Participants were selected through purposive sampling to ensure diversity in marital status and background. Interviews continued until theoretical saturation was achieved and were audio-recorded, transcribed verbatim, and analyzed using thematic narrative analysis. NVivo software was used to facilitate coding and pattern recognition across transcripts. Analysis revealed three overarching themes: (1) Emotional Echoes of the Past, including internalized shame, hypervigilance, and emotional disconnection; (2) Intergenerational Transmission of Dysfunction, encompassing the repetition of conflict patterns, projection onto partners, and distorted marital roles; and (3) Struggles Toward Healing and Relational Resilience, characterized by efforts to break cycles, rebuild emotional literacy, and reprocess family narratives. Participants' stories illustrated how unresolved trauma shaped emotional regulation, attachment, and relational roles, while also highlighting transformative strategies employed to foster marital growth and stability. Unresolved family-of-origin trauma significantly influences marital vulnerability through embedded emotional and behavioral patterns. However, individuals are also capable of relational healing through narrative reconstruction, boundary-setting, and conscious re-engagement with emotional intimacy. The findings underscore the importance of trauma-informed approaches in marital therapy and advocate for deeper clinical attention to clients' family histories and narrative frameworks.

Keywords: Family-of-origin trauma; marital vulnerability; narrative analysis; intergenerational trauma; relational resilience; emotional regulation; trauma-informed therapy

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Introduction

Trauma, when embedded in the formative structures of the family of origin, has enduring psychological consequences that ripple into adult intimate relationships, especially marital dynamics. These early emotional wounds—ranging from chronic neglect and parental conflict to emotional or physical abuse—can create developmental distortions that predispose individuals to relational vulnerability in adulthood. This phenomenon, often referred to as the “intergenerational transmission of trauma,” suggests that unresolved childhood trauma does not end with the individual but reverberates through interpersonal relationships, shaping expectations, attachment patterns, and emotional availability in marital contexts (Bifulco, 2021; Nichol et al., 2025; Tew, 2019).



Narrative and memory scholars have increasingly emphasized the complex ways trauma is transmitted, suppressed, and re-enacted across generations. The mechanisms of this transmission are multifaceted, involving not only behavioral repetition and emotional regulation difficulties but also silent, symbolic forms of communication and memory suppression (Aleksandrowicz-Pędich, 2020; Fodor & Lugossy, 2025; Ulfah, 2024). Traumatized individuals may carry internalized family scripts that frame their relational experiences in adulthood, often re-enacting unresolved grief, shame, or abandonment with their spouses. These scripts may include expectations of betrayal, heightened sensitivity to perceived rejection, or difficulty trusting emotional closeness—all of which contribute to fragile marital cohesion (Rose et al., 2024; Wolf, 2019).

Within the field of trauma studies, the influence of “postmemory”—a term popularized to describe the secondary transmission of trauma—is also relevant in marital contexts. This refers to how trauma, even when not directly experienced but absorbed through family narratives or silence, becomes embodied by descendants and manifests in emotional patterns and relational behavior (Leksana, 2023; Ulfah, 2024). In this light, family-of-origin trauma is not only a matter of individual pathology but a relational phenomenon. Its echoes can shape not only how one relates to a partner but also how one constructs identity and navigates emotional intimacy (McGuire et al., 2019; Tozer et al., 2018).

Scholars have long examined how trauma impairs affective regulation, a core component of marital adjustment. Individuals with unresolved trauma may struggle with emotional attunement, empathy, and expression of needs—all of which are foundational to healthy marital functioning (Hoffman et al., 2021; Watts et al., 2021). This dysregulation may take the form of hypervigilance, avoidance, or reactivity within marital disputes, intensifying conflicts and reducing opportunities for emotional repair. Moreover, such individuals often carry with them unresolved narratives and emotional residues from their families, which act as invisible intrusions in the marital space (Hadi et al., 2025; McCormack et al., 2025).

A growing body of literature also suggests that family trauma is often stored not just in memory but in the body and in silence. This embodied memory can influence interpersonal behavior long after the traumatic events have faded from conscious recall. Silence around these early experiences—whether due to family denial, shame, or cultural taboos—can result in emotional fragmentation and identity diffusion (Gilmore, 2023; Orzechowska, 2023). Such silencing contributes to what Grove et al. (2020) call “trauma frames”—internalized mental schemas that organize how relational threats are interpreted and responded to (Grove et al., 2020).

The narratives individuals construct about their family trauma are not static; rather, they evolve and are reconstructed through marriage. Marriage becomes a crucible where unresolved patterns are not only activated but also exposed and potentially reworked (Jaago, 2021; Mohan & Varma, 2024). Yet, when partners are unaware of these underlying dynamics, the marital bond becomes vulnerable to breakdown. Even in the absence of explicit conflict, these latent wounds may manifest as emotional disengagement, role confusion, or chronic dissatisfaction (Ray, 2023; Romo-Mayor, 2022).

Moreover, cultural and systemic factors can shape how trauma is interpreted, processed, or denied within marriage. For instance, in societies where systemic oppression or historical trauma persists—such as racialized communities or populations affected by war—the impact of unresolved trauma is often compounded by collective grief and institutional marginalization (Bönisch-Brednich, 2021; Rose et al., 2024). Such collective memories interact with personal trauma in marriage, creating complex intersections of vulnerability that are often overlooked in traditional models of marital counseling.

From a clinical perspective, understanding the impact of family-of-origin trauma on marital vulnerability has significant implications for therapeutic practice. Models that incorporate narrative analysis and trauma-informed approaches—such as I-FAST or systemic post-traumatic growth interventions—have been suggested as effective tools for addressing these deep-seated relational wounds (Grove et al., 2020; Schweizer & Beck, 2020). These approaches emphasize the role of re-narrating

traumatic scripts, integrating fragmented emotional experiences, and co-constructing new relational meanings with a partner (He, 2024; Saritha, 2025).

Despite this growing interest, the lived experiences of individuals grappling with the remnants of family trauma within marriage remain underexplored. Most empirical studies rely on quantitative measures that fail to capture the nuanced interplay between past trauma and present relational experiences. There is a pressing need for qualitative investigations that foreground individual narratives and make visible the emotional and cognitive processes through which trauma becomes marital vulnerability (Nichol et al., 2025; Priyadharsini & Vinothkumar, 2023). Narrative analysis, in particular, allows researchers to examine how individuals make sense of their trauma histories and how these interpretations shape marital roles, expectations, and conflicts.

This study, therefore, seeks to address this gap by exploring how unresolved family-of-origin trauma contributes to marital vulnerability through the lens of personal narratives. Using a qualitative, narrative inquiry approach, the study captures the lived experiences of individuals who self-identify as having experienced significant trauma in their family of origin and are currently or formerly in committed partnerships. By focusing on the meanings and emotional patterns embedded in their stories, the research aims to illuminate how past trauma is not only remembered but enacted in the everyday relational life of marriage (McCormack et al., 2025; Zhygun, 2023).

Additionally, the study attends to the complexity of healing trajectories. While some participants described relational breakdowns and emotional stagnation, others narrated processes of awareness, transformation, and resilience. This aligns with recent scholarship on post-traumatic growth and the reconstructive power of shared narrative work within marriage (Hoffman et al., 2021; Saritha, 2025). The dual focus on vulnerability and resilience allows for a more holistic understanding of trauma's marital impact—not merely as a source of dysfunction but also as a potential catalyst for emotional growth and relational intimacy when appropriately addressed (Gilmore, 2023; Wolf, 2019).

In sum, this research positions unresolved family-of-origin trauma as a critical lens for understanding marital instability and complexity.

Methods and Materials

Study Design and Participants

This study employed a qualitative narrative research design to explore how unresolved family-of-origin trauma contributes to marital vulnerability in adult intimate relationships. Narrative inquiry was selected as the methodological framework because it emphasizes the lived experiences and personal stories of individuals, allowing for a deeper understanding of how past familial trauma shapes relational dynamics in marriage. The focus was on capturing subjective meanings and identifying recurring narrative patterns related to trauma and marital instability.

The study involved 22 participants (12 women and 10 men) residing in various provinces across Canada. Participants were selected through purposive sampling to ensure diversity in marital status (e.g., married, separated, remarried), age (ranging from 28 to 55 years), and cultural background. All participants self-identified as having experienced some form of unresolved trauma within their family of origin (e.g., emotional neglect, parental conflict, abuse, substance dependence) and were currently or previously in a long-term marital or committed partnership. Participation was voluntary, and informed consent was obtained prior to data collection. Ethical approval was secured from the relevant institutional ethics committee.

Measures

Data were collected through in-depth, semi-structured interviews conducted either in person or via secure video conferencing platforms, depending on participants' preferences and geographic location. The interview guide was developed based on the theoretical framework of intergenerational trauma and marital systems theory, and included open-ended questions such as:

- “Can you tell me about how your early family experiences have shaped your expectations in your marriage?”
- “What patterns or behaviors from your family of origin do you see influencing your current relationship dynamics?”
- “Have you experienced any recurring conflicts in your marriage that you associate with your past?”

Each interview lasted between 60 and 90 minutes and was audio-recorded with participants' permission. Interviews continued until theoretical saturation was reached, which occurred at the 22nd participant, indicating no new themes were emerging from the data.

Data analysis

All interviews were transcribed verbatim and analyzed using thematic narrative analysis, guided by Riessman's approach to narrative research. The analysis aimed to uncover not only the content of participants' experiences but also the structure and meaning of their storytelling. NVivo software (version 12) was employed to assist with the organization, coding, and retrieval of narrative segments.

The analytic process followed multiple stages: initial familiarization with the transcripts, open coding to identify recurrent narrative elements, axial coding to relate categories, and synthesis into broader themes that reflected the impact of unresolved family-of-origin trauma on marital vulnerability. Special attention was given to how participants constructed their identities, framed causality, and made sense of their marital challenges in light of past traumas. Trustworthiness was ensured through triangulation of data interpretations among research team members, member checking with selected participants, and detailed audit trails.

Findings and Results

The study sample consisted of 22 adult participants (12 women and 10 men) residing in various provinces across Canada. Participants ranged in age from 28 to 55 years, with a mean age of 39.8 years. In terms of marital status, 14 participants were currently married, 5 were separated or divorced, and 3 were remarried. The majority of participants ($n = 16$) reported being in a heterosexual marriage or long-term partnership, while 6 identified as being in same-sex or non-heteronormative relationships. Educational attainment varied, with 7 participants holding a graduate degree, 10 holding a bachelor's degree, and 5 having completed some post-secondary education. Regarding occupational background, participants were diverse, including professions such as social work ($n = 4$), education ($n = 3$), healthcare ($n = 5$), information technology ($n = 2$), and other sectors including business, law, and the arts ($n = 8$). All participants self-identified as having experienced unresolved trauma in their family of origin, with reported issues including parental neglect ($n = 13$), physical or emotional abuse ($n = 10$), parental substance abuse ($n = 6$), and exposure to chronic conflict or divorce ($n = 12$). This demographic diversity enriched the dataset and provided a broad perspective on the ways in which early trauma can influence adult marital dynamics.

Table 1. Themes, Subthemes, and Concepts

Main Theme (Category)	Subtheme (Subcategory)	Open Codes (Concepts)
1. Emotional Echoes of the Past	Internalized Shame	Feeling unworthy, Fear of rejection, Self-blame, Negative self-image, Avoidance of vulnerability
	Hypervigilance in Intimacy	Constant emotional scanning, Difficulty trusting spouse, Anticipating abandonment, Overreacting to criticism, Reluctance to express needs
	Emotional Disconnection	Emotional numbing, Difficulty identifying feelings, Detachment during conflict, Suppression of affection
	Fear of Emotional Dependency	Equating closeness with danger, Belief that dependence is weakness, Avoidance of shared decision-making
	Unresolved Grief	Longing for idealized family, Persistent sadness, Anger toward absent parent, Mourning lost childhood
	Guilt About Past	Survivor's guilt, Regret over family estrangement, Conflicted loyalty to abusive parent
2. Intergenerational Transmission of Dysfunction	Repetition of Conflict Patterns	Mirroring parental arguments, Defaulting to blame, Passive-aggressive behaviors, Escalating minor issues
	Maladaptive Coping Mechanisms	Silent treatment, Substance use, Withdrawal during stress, Emotional outbursts, Over-functioning in crisis
	Projection onto Partner	Assigning parental traits to spouse, Reacting based on past scripts, Misreading intentions
	Distorted Marital Roles	Overcompensation as “rescuer,” Parentifying partner, Recreating controlling dynamics
3. Struggles Toward Healing and Relational Resilience	Disrupted Attachment Models	Inconsistent affection, Seeking reassurance, Clinginess followed by withdrawal, Testing partner's love
	Conscious Pattern Breaking	Therapy engagement, Self-reflection, Naming triggers, Setting boundaries
	Building Emotional Literacy	Learning feeling vocabulary, Journaling emotions, Asking for support, Practicing self-validation
	Reconstructing Marital Dialogue	Using “I” statements, Slowing down conversations, Validating partner's feelings, Reducing reactive speech
	Reprocessing Family Narratives	Reframing childhood events, Separating past from present, Expressing anger safely, Acknowledging complexity of caregivers
	Cultivating Safe Intimacy	Transparency in needs, Embracing vulnerability, Co-regulation with partner, Rituals of connection, Emotional availability
	Establishing New Family Norms	Emphasizing emotional openness, Prioritizing nonviolence, Collaborative decision-making

Theme 1: Emotional Echoes of the Past

Internalized Shame. Many participants described a deep-rooted sense of shame stemming from early family-of-origin experiences, which had become internalized and manifested in their adult relationships. Feelings of unworthiness, self-blame, and negative self-image were common. These individuals often refrained from asserting emotional needs out of fear of rejection. One participant stated, *“I always assume it’s my fault when we fight. That’s how it was growing up—if something went wrong, it was on me.”* Another added, *“I feel like I’m too broken to be loved the right way.”*

Hypervigilance in Intimacy. Several narratives revealed a pattern of emotional hypervigilance in intimate relationships, driven by unresolved trauma. These individuals constantly monitored their partners’ moods, anticipated abandonment, and struggled with trust. For example, one interviewee shared, *“If he’s quiet, I panic. I start thinking, ‘Did I do something wrong? Is he going to leave like my dad did?’”* This hypervigilance often led to controlling behaviors or excessive emotional withdrawal.

Emotional Disconnection. A prevalent outcome of early emotional neglect was chronic emotional disconnection in adult marriages. Participants reported emotional numbing, detachment during conflict, and difficulty expressing affection. As one woman noted, *“When things get too intense, I just shut down. My husband thinks I don’t care, but I just don’t know how to feel.”*

Fear of Emotional Dependency. The fear of becoming emotionally dependent on a partner—perceived as a dangerous vulnerability—was another significant subtheme. Participants equated closeness with weakness or betrayal, often avoiding joint decision-making or interdependence. One man reflected, *“I learned not to rely on anyone. If you do, they’ll use it against you.”*

Unresolved Grief. Participants frequently spoke about lingering grief tied to unmet emotional needs in childhood, often involving absent or emotionally unavailable parents. This grief subtly influenced their expectations in marriage. A participant recalled, *“I still wish my mom had protected me. And sometimes, I expect my wife to somehow make up for what I lost.”* The unprocessed sorrow often resurfaced during marital conflicts, intensifying emotional reactivity.

Guilt About the Past. Feelings of guilt were frequently linked to family estrangement, parental rejection, or the inability to repair fractured family bonds. Some participants described guilt as a barrier to setting healthy boundaries. One woman said, *“I know my dad was abusive, but part of me still feels guilty for cutting him off. It messes with how I draw the line with my husband, too.”*

Theme 2: Intergenerational Transmission of Dysfunction

Repetition of Conflict Patterns. Many participants described how they unconsciously replicated the conflict styles of their parents. Whether through yelling, withdrawal, or passive-aggressiveness, these learned behaviors became default reactions during marital disputes. One man admitted, *“I hate that I yell like my father. I swore I’d be different, but when I’m angry, his voice comes out of me.”*

Maladaptive Coping Mechanisms. Participants frequently turned to ineffective coping strategies—such as withdrawal, substance use, or over-functioning—when facing relational stress. These behaviors mirrored survival tactics learned in childhood. As one woman explained, *“When things get hard, I just disappear into work. It’s how I survived my parents’ constant chaos.”*

Projection onto Partner. Projection was a common mechanism through which participants related to their spouses. Many reported assigning traits of a hurtful parent to their partner, often leading to misinterpretations and emotional distance. One participant stated, *“If he gets angry, I see my mom in him. Even if he’s being fair, I react like I’m 12 again.”*

Distorted Marital Roles. Some participants unconsciously adopted dysfunctional marital roles that echoed childhood dynamics, such as becoming the “rescuer,” the “parent,” or the “invisible child.” A woman described her marriage as *“me being the caretaker, the fixer, like I was for my mom growing up.”* These roles often bred resentment and imbalance in the relationship.

Disrupted Attachment Models. Unresolved trauma was also linked to distorted patterns of attachment. Participants described inconsistent displays of affection, neediness alternating with emotional detachment, and repeated testing of their partner’s commitment. *“I push her away just to see if she’ll come back,”* one man admitted, *“because deep down, I don’t believe anyone stays.”*

Theme 3: Struggles Toward Healing and Relational Resilience

Conscious Pattern Breaking. Despite the weight of trauma, many participants expressed a strong desire to break intergenerational cycles. Engagement in therapy, journaling, setting boundaries, and naming triggers were recurring efforts to change relational patterns. One woman shared, *“I made a rule to never go to bed angry. My parents did, and it tore them apart. I won’t repeat that.”*

Building Emotional Literacy. Participants reported learning to identify and articulate their feelings as a key step in healing. Tools such as emotion journaling, couples counseling, and self-validation exercises were described. *“Before, I’d just feel overwhelmed. Now I can say, ‘I’m hurt, not angry,’ and that makes all the difference,”* said one participant.

Reconstructing Marital Dialogue. Improvements in communication were also central to participants' recovery narratives. Learning to use "I" statements, validating one another's feelings, and de-escalating conflict were noted as turning points. One interviewee reflected, "*When I stopped trying to win arguments and started listening, our whole dynamic changed.*"

Reprocessing Family Narratives. Reinterpreting childhood experiences was another healing process. Participants spoke about coming to terms with parental limitations, naming past abuse, and creating new meanings from painful memories. "*I realized my dad didn't have the tools to love. That doesn't excuse him, but it helped me stop carrying his anger,*" explained one participant.

Cultivating Safe Intimacy. Participants described intentional efforts to foster trust, emotional availability, and rituals of connection in their marriages. This included open dialogue, mutual reassurance, and co-regulation practices. "*Every Friday, we have 'no phone' dinner. It's our way to reconnect and show up for each other emotionally,*" said one couple.

Establishing New Family Norms. Finally, many expressed pride in creating healthier family cultures in their current households—ones marked by emotional openness, safety, and mutual respect. "*We talk about feelings in front of our kids—something that was forbidden in my house,*" noted one parent. These deliberate efforts to redefine legacy patterns represented significant steps toward resilience.

Discussion and Conclusion

The present study aimed to explore how unresolved family-of-origin trauma contributes to marital vulnerability through the lived experiences of adults in long-term relationships. Through narrative analysis of semi-structured interviews with 22 Canadian participants, three overarching themes emerged: Emotional Echoes of the Past, Intergenerational Transmission of Dysfunction, and Struggles Toward Healing and Relational Resilience. Each theme illuminated the deeply embedded ways in which early trauma, when unprocessed, shapes emotional regulation, attachment behaviors, communication patterns, and marital roles.

The first theme, *Emotional Echoes of the Past*, reflected the enduring psychological imprint of childhood trauma. Participants described internalized shame, emotional disconnection, and fear of emotional dependency—elements which often disrupted their capacity to engage in healthy intimacy. These findings strongly align with prior research on the psychological residue of early trauma, which has shown that survivors often carry core beliefs of unworthiness and emotional insufficiency into adulthood (Bifulco, 2021; Wolf, 2019). Furthermore, the narrative presence of *unresolved grief* and *hypervigilance* mirrors what Fodor and Lugossy refer to as the moral-emotional residue of trauma, wherein survivors oscillate between longing and emotional defense (Fodor & Lugossy, 2025). Such emotional legacies are further intensified when families of origin have avoided or silenced conversations about the trauma, resulting in fragmentation of the self (Aleksandrowicz-Pędich, 2020; Orzechowska, 2023).

One of the study's notable contributions lies in its elucidation of *emotional disconnection* not simply as a defensive coping strategy but as a learned adaptation to environments where emotional attunement was absent. This finding supports Grove et al.'s concept of "trauma frames," wherein survivors encode interpersonal closeness as risky, leading to distancing behaviors even within safe partnerships (Grove et al., 2020). These trauma frames were evident in participants' difficulty expressing vulnerability and their tendency to suppress affect during conflict, which resonates with previous clinical findings on affective dysregulation in trauma survivors (He, 2024; Watts et al., 2021).

The second major theme, *Intergenerational Transmission of Dysfunction*, offers further insight into how unresolved trauma can be unconsciously reenacted in marriage. Participants spoke about replicating parental conflict styles, projecting early attachment wounds onto their spouses, and adopting distorted marital roles that reflected childhood dynamics. These patterns

align with the literature on transgenerational trauma, which emphasizes how trauma is often passed down through relational modeling, implicit memory, and embodied behavior (Nichol et al., 2025; Tew, 2019). As Mohan and Varma note, trauma is frequently stored not only in conscious recollection but in affective postures, interactional scripts, and silent repetitions within the domestic sphere (Mohan & Varma, 2024).

Specifically, the recurrence of *maladaptive coping mechanisms* such as emotional withdrawal, over-functioning, or substance use underscores the ways in which trauma survivors develop protective behaviors that later become liabilities in intimate relationships. These findings extend Romo-Mayor's observations that individuals affected by early familial violence often struggle to distinguish past threats from present emotional challenges, thereby reenacting trauma cycles through overcontrol or shutdown (Romo-Mayor, 2022). Furthermore, the frequent *projection onto partners* described by participants demonstrates the persistence of unresolved emotional associations with caregivers, which become transferred to marital contexts. This phenomenon has been highlighted in work by Gilmore, who describes how absent or abusive parental figures resurface in adult relationships through psychological displacement (Gilmore, 2023).

Another important element in this theme was the *distortion of marital roles*. Participants who were parentified as children or who served as emotional caretakers in dysfunctional families often unconsciously reproduced these roles in marriage, assuming excessive responsibility or failing to assert personal needs. This aligns with Hoffman et al.'s findings that trauma narratives often construct identities around survival and caregiving rather than reciprocity or mutuality (Hoffman et al., 2021). These roles, while functional in unsafe childhood environments, become sources of conflict and imbalance in marriage.

The third theme, *Struggles Toward Healing and Relational Resilience*, offers a hopeful counterpoint to the previous findings. Several participants described active efforts to break intergenerational patterns, build emotional literacy, and reconstruct marital dialogue. Their narratives suggest that awareness, self-reflection, and therapeutic engagement can significantly reduce trauma-driven reactivity and foster more secure attachments. These findings support recent studies on post-traumatic growth and the capacity for narrative reconstruction to generate healing (Rose et al., 2024; Saritha, 2025). Participants who engaged in therapy, journaling, or couples counseling often reported increased emotional availability, clearer boundary-setting, and more constructive communication with their partners.

Notably, *reprocessing family narratives* emerged as a transformative process for many. Rather than remaining fixed in victim identities, these individuals sought to reinterpret their pasts in more integrated and compassionate ways. This aligns with Leksana's work on "postmemory and silence," which emphasizes that healing often involves breaking familial silences and creating coherent narratives around previously unspoken pain (Leksana, 2023). Furthermore, the emphasis on *establishing new family norms*—such as open emotional communication and nonviolent conflict resolution—echoes Ulfah's findings on the ethical role of postmemory in reshaping familial legacies (Ulfah, 2024).

Participants who had achieved relational resilience often reported developing rituals of connection, transparency in emotional needs, and shared accountability. These behaviors reflect a movement from reactive to responsive relational styles, which are central to secure functioning in marriage. This observation corroborates Schweizer's view that healing from family trauma requires not only individual insight but co-created emotional safety in intimate partnerships (Schweizer & Beck, 2020). Similarly, McCormack et al.'s qualitative analysis of trauma survivors during COVID-19 highlights the critical role of relational stability in mitigating psychological distress (McCormack et al., 2025).

Importantly, this study also highlights the narrative complexity within trauma recovery. Healing is rarely linear and often involves cycles of regression and growth. Some participants described periods of emotional avoidance even after gaining insight, while others struggled with relapse into old patterns. This aligns with Jaago's assertion that trauma narratives are constantly negotiated, often marked by contradiction and emotional ambiguity (Jaago, 2021).

Finally, the discussion of systemic influences on trauma recovery cannot be overlooked. While this study primarily focused on familial trauma, several participants alluded to broader socio-cultural factors—such as migration, racial discrimination, or economic instability—that intensified their relational distress. These findings resonate with Rose et al.'s examination of how systemic oppression amplifies trauma's effects within families and relationships (Rose et al., 2024). Moreover, the intersection of personal trauma with societal marginalization reinforces the need for culturally attuned and contextually sensitive approaches in marital therapy and trauma-informed care.

This study, while rich in qualitative insight, has several limitations. First, the sample was limited to Canadian participants, which may restrict the cultural generalizability of the findings. While Canada's cultural diversity added some variation to narratives, the socio-cultural meanings of trauma and marriage differ significantly across societies, and future research should explore these phenomena in other cultural contexts. Second, the study relied on retrospective self-reporting through narrative interviews, which are subject to memory bias and interpretive distortion. Participants' current marital status and emotional states may have colored their recollections of early family trauma. Third, the study included only individual interviews, without triangulating perspectives from spouses or family members, which may have limited the relational depth of the data. Additionally, while narrative analysis is a powerful method for exploring lived experience, it does not quantify the frequency or intensity of trauma symptoms, which might be relevant for clinical generalization.

Future research could benefit from a comparative design across different cultural and socioeconomic groups to examine how family-of-origin trauma interacts with broader ecological factors in shaping marital outcomes. Longitudinal studies that follow couples over time could also reveal the evolution of trauma-informed relational patterns, resilience strategies, and the long-term effects of therapeutic interventions. Moreover, incorporating dyadic interviews or mixed-method approaches could enrich our understanding of how both partners in a marriage experience and co-navigate trauma-related vulnerabilities. Research that specifically focuses on same-sex couples, immigrant families, or communities affected by collective historical trauma would further expand the inclusiveness and relevance of this field. Finally, future studies might explore the effectiveness of targeted trauma-focused interventions in marriage therapy, comparing models such as EMDR, I-FAST, or narrative exposure therapy in relational contexts.

Practitioners working with couples should be attuned to the invisible presence of unresolved family-of-origin trauma within the marital space. Integrating trauma-informed approaches into couples therapy can help identify core wounds, challenge maladaptive patterns, and foster emotional safety. Therapists should assist clients in constructing coherent narratives of their past, distinguishing past pain from present threats, and cultivating relational mindfulness. Creating space for grief, anger, and unmet childhood needs—without judgment or pathologization—is essential for relational repair. Furthermore, promoting rituals of connection, emotional literacy training, and co-regulation strategies can empower couples to transform vulnerability into intimacy. Finally, professionals should advocate for more accessible, culturally competent trauma services that reflect the diverse realities of the populations they serve.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

All ethical principles were adhered in conducting and writing this article.

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Authors' Contributions

All authors equally contributed to this study.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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