Traumatic Attachment and Bonding In Toxic Relationships and Recovery Process: A Phenomenological Study

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Abstract.
Romantic relationships in early adulthood, which should be a source of security, can become dangerous if marked by coercive control and violence. Previous research has emphasized mechanisms of violence and dependency, while the experiences of survivors across gender lines in Indonesia have rarely been explored. This study explores traumatic bonds, trauma bonds, and the recovery process. Interpretive Phenomenological Analysis (IPA) was applied to semi-structured interviews, triangulated interviews, and field notes from two participants (a woman and a man) and their partners. Cross-case analysis reveals that the cycle of trauma bonds is maintained through intermittent reinforcement in the form of violence and affection for both participants, while the barriers to breaking free differ: vulnerability to the partner's pleas in the case of the woman and a spiritual-symbiotic fear in the case of the man. Their paths to recovery differed, yet both aimed to restore decision-making autonomy and establish healthier relational boundaries. These findings underscore the importance of interventions focused on restoring a sense of safety and the ability to form healthy bonds. Future research should expand the participant pool to include individuals of various genders and cultural backgrounds, as well as explore subsequent stages of recovery.

Keywords: *Cross-Sectional Study, Traumatic Attachment, Trauma Bonding, Toxic Relationship, Trauma Recovery and Phenomenological Study.*

I. INTRODUCTION

A person's mental health and psychological well-being are greatly influenced by the quality of their interpersonal relationships (Freeman, 2022). Romantic relationships are a primary context for the formation of identity, intimacy, and self-meaning in early adulthood; these relationships are not merely interpersonal encounters (Arnett, 2014; Erikson, in Santrock, 2019). Sources of security can turn into threats when such interactions are marked by aggression, manipulation, power imbalances, or systematic control (van der Kolk, 2014).

Erikson (Santrock, 2019) identifies the formation of intimate relationships as the primary developmental task during the intimacy versus isolation stage, while (Roisman et al., 2004) and (Arnett, 2014) emphasize that early adulthood (ages 18–29) is characterized by exploration and identity instability, which also influence the quality of an individual's relational choices, including their vulnerability to relationships that are covertly self-destructive.

Globally, the World Health Organization (2021) reports that approximately one in three women has experienced physical or sexual violence at the hands of an intimate partner, while Lysova and Emeka (2025) estimate that 35–50% of all victims of intimate partner violence (IPV) across various countries are men. In the Indonesian context, the National Commission on Violence Against Women (2024) notes that dating violence still dominates reports and is often underreported. This is due to the fact that coercive control is a pattern of domination that restricts individual autonomy and cannot always be identified through a single isolated incident of violence (Wincentak et al., 2016; Stonard, 2020; Stark & Hester, 2019), so researchers need to consider the overall pattern of the relationship, including how recurring cycles of violence, control, manipulation, and reconciliation shape a person's subjective experience (Myhill, 2017).

The development of traumatic attachments and trauma-related bonds is one of the most complex and unstable relational dynamics. According to Bowlby (1988), a traumatic attachment is a condition in which a person who should be a source of security also becomes a source of threat, causing the individual to constantly seek closeness with that person while simultaneously experiencing fear, pain, or a loss of security (Mikulincer & Shaver, 2016). Trauma bonding refers to a strong emotional bond that develops through a combination of power imbalances, violence, affection, and intermittent positive reinforcement (Dutton & Painter, 1993) (Casassa et al., 2022).

Trauma bonds can explain why the awareness that a relationship is harmful is not always followed by

the ability to end it immediately (Doychak & Raghavan, 2020). A cycle of conflict, violence, apologies or reconciliation, affection, and hope that the relationship will change can sustain emotional attachment, causing individuals to experience strong ambivalence recognizing that the relationship is painful yet still missing their partner or feeling happy at certain moments. This mechanism can be reinforced by social isolation, emotional or financial dependence, fear, and the internalization of the partner's negative narratives (Herman, 2015).

Research on unhealthy romantic relationships has expanded, yet studies on trauma-informed relationships often still focus on these relationships, mechanisms of abuse, and mutual dependence. Phenomenological research is still needed to understand how people make sense of relationships, maintain bonds, struggle to leave, and start over after a relationship ends (Smith et al., 2021). Relational experiences always occur within social, cultural, familial, and religious contexts that can influence decision-making and recovery processes; this need is particularly important in the Indonesian context.

This study also examines potential similarities and differences in experiences between genders. Experiences can be influenced by specific patterns regarding control, dependence, and relational expectations; vulnerability to unhealthy relationships cannot be fully understood simply by classifying men as perpetrators and women as victims (Shaughnessy et al., 2023). This study examines how two people of different genders interpret experiences of unhealthy relationships, rather than merely comparing genders statistically.

Theoretically, traumatic attachment (Bowlby, 1988) and trauma-related attachment (Dutton & Painter, 1993; Casassa et al., 2024) complement each other in explaining this phenomenon; the former explains the origins of relational vulnerability dating back to childhood, while the latter explains the specific mechanisms that maintain the bond in adulthood through cycles of violence and intermittent reinforcement. These two theories are often studied separately, although empirically they are closely intertwined in the experiences of individuals in unhealthy relationships.

By focusing on traumatic bonds the factors that maintain emotional ties and hinder the process of detachment as well as how people understand and manage the recovery process after ending such relationships, this study aims to comprehensively examine the subjective experiences of young people who have been in unhealthy romantic relationships. The cross-case phenomenological research in this study which examines the relationship between the cycle of traumatic attachment, relational barriers to ending a relationship, and recovery strategies in the context of early adulthood in Indonesia, while incorporating a cross-gender perspective is what makes this research unique.

II. METHODS

Research Design

The interpretative Phenomenological Analysis (IPA) was used in this qualitative study (Smith et al., 2021). The IPA approach was chosen because it focuses on individuals' in-depth interpretations of significant life experiences. The researcher analyzed the participants' processes of meaning-making; this approach is particularly well-suited for exploring experiences of unhealthy romantic relationships, traumatic bonds, and the recovery process in depth (Creswell & Poth, 2018).

Participants

Participants were selected through purposive sampling based on meeting experience criteria, namely two young adults one woman and one man. Inclusion criteria included being between the ages of 18 and 29 (Arnett, 2014), having been involved in an unhealthy romantic relationship characterized by at least one form of violence or repeated control, having been in such a relationship for at least one year, experiencing difficulty ending or extricating themselves from the relationship despite recognizing its harmful aspects, being willing and able to verbally communicate their experiences in Indonesian, and being in a sufficiently stable psychological state to participate in the interview. In addition, individuals meeting exclusion criteria namely, those currently in an unhealthy relationship, experiencing a psychological crisis, exhibiting symptoms of an active psychotic disorder, or who have not yet achieved psychological distance from the experience were not included as participants. Using a triangulation method, interviews were also conducted with close relatives and friends as additional data sources.

Tabel 1. Characteristics of Research Participants

Code	Gender	Age	Relationship Duration	Relationship Status	Supporting Data Source
PP1	Famele	18-29	≥ 1 year	It Has Ended	SOP1
PL1	Male	18-29	≥ 1 year	It Has Ended	SOL1

Data Collection Methods

The main data were obtained through semi-structured in-depth interviews lasting 60–120 minutes per session (Smith et al., 2021). The interviews explored relationship history and attachment experiences, unhealthy relationship dynamics and control, patterns of conflict and reconciliation, experiences of dependence and difficulty detaching, as well as the recovery process. Interviews with significant others were used to enrich the understanding of behavioral changes, relationship dynamics, participants' difficulties in leaving the relationship, and developments after the relationship ended. The researcher also compiled field notes and reflexive notes to document the context of the interviews, emotional expressions, as well as the researcher's positions and assumptions during the research process, including how the gender context influenced the way participants narrated their experiences. Each participant was interviewed in several separate sessions to maintain psychological comfort and provide space for reflection between sessions, with the time intervals adjusted according to the needs of each participant.

Research Instruments

The main research instrument is a semi-structured interview guide developed based on three main theoretical frameworks: traumatic attachment (Bowlby, 1988) (van der Kolk, 2014), toxic relationship or coercive control (Stark & Hester, 2019) (Johnson, 2017), and trauma bonding and recovery processes (Casassa et al., 2022) (Herman, 2015). The questions are open-ended, allowing individuals to freely tell stories based on their subjective experiences. In the interview, the concepts of traumatic attachment and trauma bonding are explored through the relational experiences of the participants, rather than being used as diagnostic labels.

Data Analysis Techniques

This data analysis used six stages of Interpretative Phenomenological Analysis (IPA) (Smith et al., 2021). (1) First, the researcher read the transcripts repeatedly; (2) initial coding (descriptive, linguistic, conceptual); (3) development of emerging themes; (4) connecting themes within a single case; (5) moving to the next case using the same process; and (6) cross-case analysis to identify superordinate themes. The coding process was carried out manually, retaining quotes that had a strong alignment with the participants' experiences and theoretical themes.

Research Ethics

The credibility of the research is maintained through source triangulation via significant others (SO), trace records (field notes and records), and researcher reflexivity. Triangulation is used to compare participants' narratives with the observations of significant others without replacing the participants' subjective experiences as the primary source. The study also implements comprehensive informed consent, identity anonymization, participants' right to withdraw at any time, psychological condition screening before interviews, as well as crisis response protocols and referrals to professional services if the interview causes distress.

III. RESULTS AND DISCUSSION

Result

IPA analysis of two cases along with data from significant others produced five superordinate themes that address the three research questions. These themes depict the background trajectory from the foundation of relational vulnerability, the formation of unhealthy relationships, the maintenance of trauma bonding, obstacles to leaving, to the process of recovery and change after the relationship ends.

The five themes are presented sequentially, following the chronology of participants' experiences, from vulnerability factors formed before the relationship began, the dynamics of unhealthiness during the relationship, mechanisms that sustain attachment, obstacles in trying to detach, to the recovery process after the relationship ended.

Tabel 2. Major Themes and Themes Emerging from Scientific Analysis

Main Theme	Emerging Themes

Relational History as the Foundation of Relational Vulnerability.	Past relational experiences, a history of domestic violence, and behavioral models provided by authority figures.
Coercive Control and Unhealthy Relationship Dynamics.	Social isolation, verbal and physical abuse, possessiveness dishonesty, and reciprocal cheating.
The Cycle of Trauma Bonding and Emotional.	Ambivalence Emotional dependence, intermittent reinforcement, quick reconciliation without resolving conflicts, happiness amid violence.
Obstacles in Letting Go.	Vulnerability to begging, specific fear of a partner's reaction, fear with spiritual-symbolic weight.
Post-trauma Recovery and Growth.	Self-love and independent decision-making, spiritual practices, physical activities, behavior changes, altruistic attitudes.

Attachment History as the Foundation of Relational Vulnerability

Both participants exhibit different pathways toward traumatic attachment vulnerability. P1 (female participant) experienced a single instance of family violence, yet violence from her partner still felt shocking and fell outside her relational framework, as she recounted that her father once slapped her for being caught walking with another man (PP1.W1.B(219-220)). P2 (male participant) has a history of physical violence that was normalized as a form of discipline, accompanied by a pattern of manipulation modeling from his father figure, which later manifested in his own relational patterns and even led to direct conflict with his former partner.

"If we are indeed wrong, then we admit it so that there is a sense of remorse." (PL1.W1.B(09-10))

This difference indicates that the vulnerability to traumatic attachment does not necessarily stem from identical background experiences. In one case, violence becomes an experience that is perceived as foreign and shocking, whereas in another case, violence and manipulation already have a more familiar context within relational history.

Coercive Control and Unhealthy Relationship Dynamics

The relationship between the two participants demonstrates an unhealthy relational pattern, albeit in different forms. In P1, the partner's control is evident through possessiveness, restriction of social interactions, verbal abuse, physical violence, and manipulation. The significant other confirmed the presence of restrictions on social space, making the participant highly dependent on the partner.

"His control was too possessive over this girl, she couldn't hang out with anyone, only with him." (SOP1.W1.B(256-260))

In P2, the relational patterns are more complex and reciprocal. Dishonesty and repeated infidelity appear as part of the conflict cycle, as confirmed by the significant other who stated that P2's partner had lied about other relationships from the beginning (SOL1.W1.B(21-23)). These findings indicate that the analysis of unhealthy relationships needs to consider the overall relational patterns and does not automatically place individuals into entirely fixed roles of victim or perpetrator.

"From the beginning, the girl lied about having a boyfriend, then she lied again." (SOL1.W1.B(21-23))

Trauma Bonding Cycle and Emotional Ambivalence

The theme of trauma bonding is the most consistently appearing theme across cases and data sources. In P1, emotional dependence is evident from the difficulty in imagining life without their partner; the significant other describes this condition as akin to withdrawal symptoms (SOP1.W1.B(400-403)), while P1 themselves affirm that they still feel happy despite their partner's mistreatment.

"There's no other reason, it's purely love, I'm happy with him, however he behaves I'm happy with him." (PP1.W1.B(1787-1790))

In P2, the trauma bonding cycle is apparent through conflicts, efforts to convince each other, and reconciliation followed by feelings of happiness after things get better, even though the pattern continues to repeat, as confirmed by the significant other.

"Every time she wants to break up, the girl keeps begging, and this guy also begs until he cries." (SOL1.W1.B(90-92))

This pattern demonstrates repeated reinforcement, namely alternating negative and positive experiences, so that the relationship is still perceived as having valuable moments. Emotional contradiction becomes an important characteristic, with individuals simultaneously acknowledging that the relationship is painful while still feeling affection, happiness, or a sense of responsibility toward their partner.

Obstacles in Letting Go

Both participants experienced difficulty in letting go, but the forms of obstacles differed. For P1, the main obstacle was related to vulnerability to direct seduction from their partner; even small efforts by the partner to get close again could cause the participant to give in and cancel the decision to end the relationship.

"The girl was begging… if the guy begged a little, the girl immediately gave in." (SOP1.W1.B(442-446))

For P2, the main obstacle was the fear of curses or harsh words from the partner if they were the one to end the relationship first. This fear did not primarily stem from third-party social judgments, but rather from the belief that the partner's words could bring about real consequences.

"I'm afraid of being cursed with bad words, but when it's him ending it, he wouldn't curse me." (PL1.W1.B(1068-1071))

This finding shows convergence in the form of emotional dependence and difficulty breaking the cycle of the relationship, while also showing divergence in the forms of fear and mechanisms that maintain the relationship. Barriers to detachment can be interpersonal, emotional, cognitive, or spiritual-symbolic in nature.

However, it should be noted that this study is based on a phenomenological case study with one female participant and one male participant; these variations in barriers should be understood as individual subjective dynamics in the selected cases and not as an absolute gender generalization.

Post-Trauma Recovery and Growth

Both participants showed changes after the relationship ended, although their recovery strategies differed. In P1, recovery appeared through an increase in self-love, the ability to make independent decisions, and heightened selectivity in choosing a partner, as confirmed by their significant other. In P2, recovery was marked by increased spiritual activity, exercise, and the cessation of previously risky habits.

"Honestly, I immediately started reading the Qur'an, I began attending religious studies more frequently, became diligent in worship, and then I started exercising again." (PL1.W1.B(1191-1193))

P2's significant other also observed positive changes in the participant's behavior and tendencies to remind others not to repeat behaviors considered harmful (SOL1.W1.B(112-116)). Both cases demonstrate the recovery of control and personal change, although the data does not yet specifically indicate the complete stages of trauma recovery. These findings rather illustrate psychological safety, support, behavioral changes, and personal growth compared to the mourning process and in-depth trauma processing.

Tabel 3. Cross-Case Findings Synthesis Analysis

Analysis Dimension	PP1 (Female Participant)	PL1 (Male Participant)
Relational vulnerability	There is a single instance of domestic violence, yet violence from a partner remains shocking.	A history of violence and manipulation within the family normalizes it.
Forms of unhealthy relationships	Possessiveness, isolation, physical and verbal violence.	Dishonesty, infidelity, reciprocal conflict.
Forms of trauma bonding	Continuing to feel affection and happiness despite being hurt.	The cycle of conflict, breakups, pleading, and reconciliation.
Barriers to letting go	Easily swayed when the partner begs for reconciliation.	Fear of the partner's curses.
Recovery process	Self-love and selectivity in choosing a partner.	Worship, exercise, behavioral changes.

Discussion

Subjective Experiences in Unhealthy Romantic Relationships

This study's findings confirm that unhealthy relationships in both participants were characterized by power imbalances and systematic violence as defined (Johnson, 2017), as well as coercive control (Stark & Hester, 2019). However, the participants' subjective experiences indicate that coercive control does not always manifest as a pattern of domination by one party; for P1, the pattern was relatively conventional, with the participant experiencing direct physical and verbal abuse, whereas for P2, the control pattern was more reciprocal through cycles of dishonesty and retaliation. These findings enrich the emphasis (Myhill, 2017) that research on abusive relationships requires a holistic analysis of relational patterns, rather than merely identifying fixed victim-perpetrator roles.

Dynamics of Formation and Maintenance of Traumatic Attachment

In line with (Speranza et al., 2022) and (van der Kolk, 2014), the data indicate that traumatic attachment is formed through a combination of violence and positive affection, clearly reflected in P1's statement that they still felt happy despite their partner's mistreatment. This pattern is consistent with the mechanism of intermittent reinforcement (Casassa et al., 2022) and trauma-coerced attachment (Doychak & Raghavan, 2020), which were strongly identified in both cases through patterns of begging, rapid reconciliation without full conflict resolution, and extreme emotional dependency.

(Shaughnessy et al., 2023) stated that gender is not a primary determinant of trauma bonding, and the findings of this study support this, as the mechanism of trauma bonding appears structurally similar in P1 and P2, although the forms of triggers differ by gender. Thus, gender cannot be treated as a sole determinant of vulnerability to trauma bonding; factors such as attachment history, relational experiences, forms of control, and the personal meaning attributed to the relationship appear to be more important in understanding this process.

This pattern also reinforces the argument of (Casassa et al., 2024) that traumatic bonds cannot be understood as a rational choice consciously made by the victim, but rather as the result of deliberate reinforcement repeatedly carried out by the perpetrator, so moral considerations regarding “why the victim does not just leave” should be replaced with an understanding of the underlying psychological mechanisms.

Barriers to Detachment, Gender Convergence and Divergence

Barriers to detachment constitute one of the contributions of this study. In P1, the main barriers are related to susceptibility to seduction and emotional dependence. In P2, the barriers take the form of fear of a partner's curses, indicating that fear-based domination can manifest in very personal ways and be influenced by cultural or spiritual beliefs, rather than solely by reputational fear.

These findings expand the understanding of fear in trauma-coerced attachment; fear is not always in the form of direct physical threats or concerns about social stigma, but can be rooted in the belief that a partner has the ability to impose symbolic or spiritual consequences. The findings regarding P2 also show that male vulnerability does not always manifest as denial of victim status (Scott-Storey et al., 2023); in this case, the participant was able to acknowledge his fear and emotional vulnerability, yet was hindered by the personal meaning attributed to the partner's reactions. This underscores the need for approaches that do not assume all men will respond to unhealthy relational experiences in the same way.

These findings also intersect with the documentation (Hogan et al., 2024) regarding the identity dilemmas experienced by male IPV victims due to clashes with masculine ideology, albeit with different manifestations. Rather than denying their victim status as found by (Scott-Storey et al., 2023), the male participants in this study were quite open in acknowledging their vulnerability, yet remained constrained by culturally-spiritually specific beliefs concerning their partner. This nuance underscores that gender-specific barriers do not always take the form of rejection of victim identity, but can also manifest as relational fears rooted in the local cultural belief system.

Post-Trauma Recovery and Growth Process

The recovery of both participants demonstrated the restoration of agency as a central process, consistent with the early stages of the trauma recovery framework (Herman, 2015). P1 exhibited a greater ability to set boundaries and choose relationships based on personal principles, while P2 showed changes through spiritual

practices, physical activities, and behavioral modifications. Both also displayed elements of posttraumatic growth (Tedeschi et al., 2018), particularly an increased personal capacity and caution in selecting new relationships, in line with the emphasis (Johnson, 2017) that effective recovery from trauma bonding needs to focus on rebuilding secure attachment, not merely symptom reduction.

Although the recovery paths differ, both demonstrate a shift from partner-centered attachment toward an increased capacity for self-regulation in determining the direction of life. The data from this study do not explicitly indicate the second stage (alertness and mourning) of the framework (Herman, 2015) in either case, which potentially warrants further exploration, considering that recovery does not always occur linearly or follow all theoretical stages explicitly.

The practical implication is that psychological interventions for individuals who have recently exited unhealthy relationships need to accommodate the diversity of recovery trajectories, rather than applying a uniform approach based on the assumption that a single plan (such as individual counseling) is universally effective. Instead, these interventions should consider the relevant personal, cultural, and spiritual resources of each individual, in line with the emphasis by Johnson (2017) that recovery from trauma bonding requires capabilities focused on restoring individual secure attachment, rather than solely focusing on terminating the relationship or resolving conflicts with the perpetrator externally.

IV. CONCLUSION

This study shows that the majority of patients in the Bougenville 3 Inpatient Ward of Dr. Loekmono Hadi Kudus Regional Hospital received approval for nursing actions in the good category (63.8%) and had a satisfaction level in the very satisfied category (59.6%). The results of the bivariate analysis using the Spearman Rank test showed a significant relationship between approval for nursing actions and patient satisfaction levels ($p = 0.000$) with a very strong relationship strength and a positive direction ($r = 0.919$). These findings indicate that the better the implementation of approval for nursing actions through the provision of clear information, effective communication, and patient involvement in decision-making, the higher the level of patient satisfaction with the nursing services received. The results of this study emphasize the importance of approval for nursing actions as part of patient-oriented services and efforts to improve the quality of hospital services.

This study shows that traumatic attachment and trauma bonding in unhealthy romantic relationships escalate through the interaction between relational history, coercive control, violence, affection, intermittent reinforcement, emotional dependency, and fear. Both participants experienced difficulty in ending the relationship despite recognizing harmful aspects, yet the mechanisms maintaining attachment took different forms. Cross-case findings indicate that trauma bonding has a structural pattern that can appear across genders, whereas the forms of vulnerability and obstacles to disengagement are influenced by personal factors and the cultural or spiritual meanings attributed to the relationship. The recovery process occurs through the restoration of autonomy, self-esteem, support, behavioral changes, spiritual practices, prudence in decision-making in new relationships, and the establishment of healthier relational boundaries.

The implications of this study require psychological assessments that not only inquire about manifestations of violence but also explore the cycle of affect-violence, emotional dependence, the existential dimension of fear, and personal barriers to leaving relationships. Psychological interventions for survivors also need to be oriented toward restoring a sense of safety, self-control, self-esteem, and the capacity to build healthier attachments, taking into account the cultural context and subjective experiences of each individual, without assuming that men and women will respond to the dynamics of trauma bonding in identical ways.

For future researchers, it is recommended to expand the number of participants across genders and cultural contexts to test the extent to which the patterns found are consistent, as well as to further explore the subsequent stages of recovery that were not covered in this study.

This study has several limitations. First, the limited number of participants, in line with the characteristics of qualitative research, allows for in-depth exploration but restricts the generalization of findings to a broader population (Smith et al., 2021). Second, triangulation through significant others enhances

the credibility of the findings, but it still relies on the perceptions of third parties, which may not fully capture the participants' internal experiences. Third, the data have not explicitly captured the second stage of the recovery process (Herman, 2015) in both cases, which may require further exploration through follow-up interviews, consistent with the research objective that does not require participants to be fully recovered. Fourth, the differences in the forms of barriers to detachment across genders remain exploratory because each gender is represented by only one case, thus requiring replication in a larger sample to test its generalizability.

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