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Emerging Adult Women’s Views-of-Self in Intimate Partner Relationships that are Troubled

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Abstract

The purpose of this study is to describe how emerging adult (EA) women describe their views-of-self in troubled relationships. Fourteen EA women (ages 18–25) wrote four stories about their troubled relationships during a guided-writing intervention. Qualitative descriptive methods and content analysis were used to identify common views-of-self. Four views-of-self in troubled relationships and contrasting views-of-self emerged: (1) silent self-vocal self, (2) sacrificing self-prioritized self, (3) caretaking self-boundary-setting self, and (4) insecure self-secure self. Mental health nurses and other clinicians can use these views-of-self pairs to guide their discussions with EA young women who are involved in troubled relationships.

Keywords

emerging adult; troubled relationships; views-of-self

Introduction

Learning to form healthy intimate partner relationships is a key developmental task for emerging adults (EAs) ages 18–25 (Arnett, 2015). While intimate partner relationships among EAs are often transitory and naturally involve varying degrees of discord, some can be considered troubled. Troubled relationships are those that are highly discordant and marked by a range of unhealthy behaviors, from frequent conflict, jealousy, and infidelity to aggressive or violent behaviors (Giordano, Copp, Longmore, & Manning, 2015; Giordano, Soto, Manning, & Longmore, 2010; Johnson, Manning, Giordano, & Longmore, 2015; Kerr & Capaldi, 2011). Research suggests that troubled relationships are more common during emerging adulthood than in adolescence or later in adulthood (Centers for Disease Control and Prevention [CDC], 2014; Johnson, Giordano, Manning, & Longmore, 2015). In general, 30% of EAs experience physical, sexual, or psychological violence in an intimate partner relationship (Cui, Ueno, Gordon, & Fincham, 2013). More specifically, studies have found that nearly 30% of both male and female college students experience physical violence (Bell

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& Naugle, 2007; Chan, Straus, Brownridge, Tiwari, & Leung, 2008) and around 80% of male and female college students experience psychological aggression in an intimate partner relationship (Bell & Naugle, 2007; Cornelius, Shorey, & Beebe, 2010). Previous studies have demonstrated that EAs who are engaged in troubled relationship patterns such as verbal conflict, cheating, and on-and-off dating with the same partner are at risk for becoming involved in physical violence and psychological aggression (Burk & Seiffge-Krenke, 2015; Giordano et al., 2015; Giordano et al., 2010; Halpern-Meekin, Manning, Giordano, & Longmore, 2013; Johnson, Manning, et al., 2015). When individuals become involved in violent relationships as EAs, they are then more likely to have violent relationships throughout adulthood (Exner-Cortens, Eckenrode, & Rothman, 2013).

One theory that provides an explanation for how troubled relationships form during the life course is the Theory of Behavioral Systems (Furman & Simon, 2006). This theory posits that based on experiences with important others, especially early caregivers, individuals develop enduring cognitive representations of personal relationships. Cognitive representations of romantic relationships in general, the self in romantic relationships, and the partner in romantic relationships are referred to as romantic views (Furman & Wehner, 1997). Romantic views are cemented during emerging adulthood as a component of one's identity (McAdams & McLean, 2006) and influence a person's customary ways of thinking and behaving in romantic relationships regardless of who the partner is (Furman & Simon, 2006; Furman & Wehner, 1997). While romantic views can include views-of-self, partner, and relationships, we are interested in how EA women involved in troubled relationships view themselves in romantic relationships and thus use the term "view-of-self."

A common way that romantic views-of-self have been conceptualized is through attachment orientations (Furman & Simon, 2006). Adult attachment theory suggests that persons who have early caregivers who provide nurturing and consistent care develop secure attachment orientations; as adults, these individuals are able to comfortably balance personal independence and dependence on partners for intimacy and support (Bonache, Gonzalez-Mendez, & Krahé, 2017; Burk & Seiffge-Krenke, 2015). Persons who have early caregivers who provide detached or inconsistent care develop insecure attachment orientations; as adults, these individuals have difficulty balancing needs for independence and intimacy (Burk & Seiffge-Krenke, 2015). In EAs, conflict, aggression, and violence in romantic relationships have been associated with insecure attachment (Bonache et al., 2017; Burk & Seiffge-Krenke, 2015; Furman & Simon, 2006). No studies, to our knowledge, have explored how EA women in troubled relationships describe how they view themselves in the context of their relationships and what these descriptions might reveal about how insecure attachment orientations could contribute to the relationship troubles they experience.

Because EAs' views-of-self in the context of their romantic relationships appear to play an important role in the development of troubled relationships, it is important to identify and describe the types of views-of-self that mark these relationships from the perspectives of EAs themselves. The purpose of this study is to describe how EA women in troubled relationships describe their views-of-self in romantic relationships. Understanding how EA women view themselves in the context of their intimate partner relationships can provide a

foundation by which mental health nurses and other clinicians can plan strategies to provide counseling for EA women whose intimate partner relationships are troubled.

Methods

The stories that provided the data for the study presented here were written by EA women who were participating in a pilot study of an online writing intervention being developed to improve intimate partner relationships in this population. Although the stories were originally written as an intervention activity, due to their richness - especially in regards to how the women described themselves in the context of their relationships - we later decided to analyze them to meet the study aim presented above. In order to provide the context in which the stories were written, we first briefly describe the intervention and the pilot test in which the women had participated.

WISER: Writing to Improve Self-in-Relationships

The Writing to Improve Self-in-Relationships (WISER) intervention is a four-week, online intervention designed to improve relationship quality and decrease dating aggression in EA women who consider their relationships to be troubled, with the long-term goal of preventing future dating violence. WISER is based on principles of Narrative Therapy (White & Epston, 1990) and guided expressive writing (Baddeley & Pennebaker, 2011; L'Abate & Sweeney, 2011).

WISER consists of four online sessions. Each session begins with a short video of an actor reading a vignette describing his or her fictional troubled intimate relationship and connecting it to one of four WISER principles that provided the foundation for each session. The four principles in WISER are 1) naming the relationship problem, 2) exploring societal messages that influenced the development of the problem, 3) identifying times when one was able to overcome the problem, and 4) imagining a preferred relationship in which the problem no longer interferes with having a healthy relationship. After the vignette, the actor instructs the participants to write stories about their own troubled relationship based on the WISER principle that was focus of the session. Participants are instructed to upload and submit their stories when completed. The stories provide an opportunity for participants to explore their troubled relationships and consider ways they wish their relationships to be different. A more detailed description of the intervention and how it was developed has been published elsewhere (Draucker, Martsof, Crane, Romero, & McCord, 2017).

Once we developed WISER and the technology to support the intervention, and after receiving Institutional Review Board approval from our university, we conducted a pilot test of the intervention. Fourteen EA women enrolled at the university participated in the pilot study. Although WISER was developed for EA women generally, we choose to conduct the initial pilot test with college women for convenience and because the college counseling center was available if the intervention caused any safety concerns for the women. Persons were eligible for the study if they were 1) between the ages of 18 and 25, 2) currently involved in a troubled relationship, and 3) enrolled at the university. Individuals were excluded from the study if they were experiencing a mental health crisis or if participating in the intervention would place them in danger. Recruitment fliers were placed around campus

and distributed at campus health-related events. Data were gathered regarding the feasibility, acceptability, and preliminary efficacy of the study. The results of the pilot study are described elsewhere (Draucker, Martsolf, Crane, McCord, Romero, & Al-Khattab, 2018).

Current Study

Design.—For the current study, a qualitative descriptive design (Sandelowski, 2000) was used. Qualitative description is a method used when a straightforward description of a phenomenon is needed; it is a low inference method with interpretation that stays close to the data and represents the phenomenon in everyday language. Qualitative description was appropriate for this study because we desired a straightforward description of commonalities in how EA women view themselves in their troubled relationships.

Data analysis.—The four stories written as part of the WISER intervention by each of the 14 participants were gathered in one file, which consisted of a total of 56 stories. Stories generally ranged in length from a half page to two pages written with Microsoft® Word.

Qualitative content analysis (Miles, Huberman, & Saldana, 2014), which is typically employed in qualitative descriptive studies (Sandelowski, 2000), was used to analyze the data. Participants' stories were read by both authors with a specific focus on how participants described their views-of-self in troubled relationships across the different WISER sessions (i.e., naming the relationship problem, identifying messages from others, describing times when problem was overcome, and imagining a preferred relationship). The first author developed a content analytic summary table (Miles et al., 2014) to facilitate the qualitative data coding process. A content analytic summary table is a type of data matrix that brings together related data from multiple participants into a single table to facilitate the identification of commonalities across participants (Miles et al., 2014). Text units (i.e., words, phrases, or sentences about a singular idea) related to the participants' self-views were coded with a short word or phrase to capture the essence of each idea. The codes were organized in the summary table according to the focus of each WISER session. Similar codes were grouped as categories to reflect commonalities in the participants' descriptions of views-of-self. The categories were developed and labeled by both authors in regularly scheduled meetings through discussion and consensus. The first author wrote a narrative description of each category that was reviewed by the second author.

To maintain the credibility and trustworthiness of the data, participants' stories were read in entirety multiple times by both authors. When there were disagreements regarding codes or categories, they were resolved by returning to the data and engaging in discussion until consensus was reached. Notes were taken during data analysis to maintain an audit trail and to keep track of key decisions made during the coding process.

Results

All 14 participants identified as female with a mean age of 20 (range 18–25). The majority of participants were White (n=11; 86%). One participant was Black (7%), one participant was Asian (7%), and one participant identified as Native American or Alaska Native and White (7%). Two participants (14%) reported their highest level of education as completing

high school. Eleven participants (79%) had completed some college, and one participant (7%) had completed a graduate degree. The following results represents the common views-of-self that EA women in troubled relationships described in their stories.

Context of Troubled Relationships

In the stories, most participants described troubled dating relationships with men, and one participant recounted a troubled relationship with a woman. Some participants described troubled relationships with one partner, often an on-and-off-again dating partner, whereas others described troubled relationships with a series of different partners. Most participants' stories were filled with descriptions of incidents involving name calling and insults, cheating and jealousy, yelling and cursing, and stalking. A few participants described incidents of sexual coercion and physical violence in their troubled relationships. At the core of most stories was the participant's desire to maintain their relationship(s). This included trying to reform partners who were unfaithful, changing aspects of the self to be more appealing to partners, engaging in behaviors and activities to please partners, and staying in relationships that were sometimes abusive.

Views-of-self

From the stories, we identified and labeled four views-of-self in troubled relationships: (1) the silent self, (2) the sacrificing self, (3) the caretaking self, and (4) the insecure self. However, women also identified four contrasting views-of-self that we have labeled (1) the vocal self, (2) the prioritized self, (3) the boundary-setting self, and (4) the secure self. These latter views-of-self represented changes the participants had made within their relationships following an experience of personal growth or changes to which they aspired. The views-of-self and contrasting views-of-self are described below.

Silent self - vocal self.—The silent self was described by 12 participants. The silent self was manifested when participants refrained from expressing their needs or feelings to their partners so as not to upset them, including not confronting them when their behaviors were hurtful. Several participants noted that they did not want to push their partners away or to come off as “clingy.” One participant stated, “I don't know how to stand up for myself...I put up with all of this [maltreatment] so that he [her boyfriend] would stay and continue to care about me.” Several participants had received messages from others that urged them not to voice concerns that would burden their partners, especially when they were upset. One participant's mother and grandmother had cautioned her: “Everyone can know the man is being ridiculous and nonsensical but dear god don't say that when he's mad.”

In contrast to the silent self, participants described the vocal self. The vocal self was characterized by instances in which they began to speak up for themselves or voice their feelings and needs to their partners. One participant explained, “I was feeling horrible all day, so I finally asked him what was happening and told him that if he didn't want to talk to me anymore or be with me, to just be honest and tell me.” These participants had come to realize that open and honest communication, while it might lead to the end of a relationship, was nonetheless important to their well-being.

One participant described a transition from the silent self to the vocal self with one of her partners:

I found out she [her partner] was still cheating on me but I didn't know what to do because I still wanted to be with her. So she started to go back and forth between me and the other girl telling us she loved us both and that she wanted to be with us both. Basically she could not choose, so I made the choice for her and I left. I felt like that was [a turning point] because in previous relationships I would have not had the courage to stand up for what I know is right and to leave.

Sacrificing self – prioritized self.—The sacrificing self was described by 11 participants. The sacrificing self was demonstrated by participants when they prioritized their partners' needs above their own and changed aspects of their physical appearance or behavior to please their partners. Participants described many instances in which they changed or “gifted” themselves for their partners, even if it was at the expense of the participants' own happiness. One participant stated, “I made myself do things I didn't want to do out of fear of losing my boyfriend.” Participants received messages from others throughout their lives that influenced the development of the sacrificing self. These messages suggested that men are more important than women and that women should make sacrifices for the good of the relationship. One participant explained, “The media and even my family gave me the idea that men are in control and that women are somehow beneath them.” Some participants also noted that the media had influenced their beliefs on how they should dress and behave in order to please their partners.

In contrast to the sacrificing self, the participants described the prioritized self. The prioritized self was characterized by instances in which participants had come to consider and prioritize their own needs despite what their partners requested or demanded of them. They began to stop making sacrifices just because they were “the woman” and started to affirm their right to be an equal partner in their relationships.

One participant described her evolution from a sacrificing view-of-self in a past relationship to a prioritized view-of-self in a current relationship:

My [relationship problem] was “putting him before me” and that day I did not put his needs before mine. I remembered how fragile my mental health was when I was with [ex-boyfriend] and I was not looking to get into the pattern of unhealthy relationships. I knew that I needed commitment, trust, love, and respect and that having a partner just for physical pleasure would not give me any of those things. I quickly turned [a new partner] down on his offer [for a “friends with benefits” relationship] and explained why I felt that way... This situation taught me a lot. I did not put [his] needs before mine and he didn't get mad, call me a bitch, or turn away my friendship. I didn't lose him just because I chose my mental health and needs.

Caretaking self – boundary-setting self.—The caretaking self was described by eight participants. The caretaking self was characterized by instances in which participants took responsibility for their partner's actions or their emotional and physical well-being. One

participant stated, “I found myself constantly concerned with [boyfriend’s] deep-rooted feelings of distress and made it my responsibility to ensure his happiness.” Participants described instances in which they went out of their way to help partners cope with emotional struggles - even to the point of staying in troubled relationships because the participants believed a break-up would shatter their partners’ emotional health. Some participants received messages from others that they were accountable for a partner’s behaviors or feelings. After having been stalked by her ex-boyfriend, one participant described being held responsible for his actions:

That police officer made me feel...like I was the problem, not my abusive, stalking ex-boyfriend. I believe that this is something society tells us. That we, as women, are the problem when our boyfriends act crazy after a break up. We must have been unfair to him...

Several other participants noted that they had received similar messages from family members and friends; that is that women are ultimately responsible for their partners’ behavior and wellbeing.

In contrast to the caretaking self, the participants described the boundary-setting self. The boundary-setting self was characterized by instances in which they began to recognize that partners were responsible for their own health and happiness. The participants could then start to abdicate the burden of ensuring a partner’s well-being, “set boundaries” on the emotional demands of their partner, and attend to their own personal well-being, which they had often ignored in the service of caring for their partner.

One participant described moving from a caretaking self to a boundary-setting self after several years of trying to heal her emotionally disturbed partner:

When I feel as though I can help another person navigate their own problems, I feel needed. I now understand that there were much larger things at work when it comes to my previous relationship that could never be resolved with anyone other than [boyfriend] himself. Trying to “fix” another person will never work unless they realize the love and care they need to have for themselves and seek services to help them get better on their own... I woke up and vowed that this wa[s] the last time I would try to “fix” anyone. The last time I would allow another person to harm me by harming themselves.

Insecure self – secure self.—The insecure self was described by six participants. The insecure self was characterized by the constant seeking of reassurance that partners were committed to the relationship and that they were faithful. One participant described needing “constant reassurance that everything is okay and my boyfriend still loves me.” Other participants constantly checked on their partners to be sure they were not cheating. One participant stated, “I spent all of my time and energy on trying to stalk him...If he didn’t text back fast enough, he was automatically sleeping with someone else...I was obsessed with trying to uncover his secrets.” Some participants were warned by family and friends that if partners were pursuing independent activities, they must have lost interest in the

relationship or were “seeing” someone else. These messages prompted the participants to keep a close watch over their partners or demand proof of their fidelity.

In contrast to the insecure self, participants described the secure self. The secure self was characterized by instances in which participants realized they need not constantly worry about their partners’ investment in the relationship and ceased scrutinizing their activities for signs of disinterest or infidelity. The participants felt less need to seek reassurances either because they realized that their partners showed no indication they were not committed to the relationship or because the participants grew less concerned about the potential for rejection.

One participant described what it would be like for her to move from an insecure self to a secure self:

In my preferred relationship, I wouldn’t find the need to be super clingy. My clinginess comes as a result of me being scared to lose my significant other, which is a fear I would like to eliminate. This fear takes away from me enjoying time with my boyfriend and instead I become too busy wondering if there is any other girl in my boyfriend’s life. I want to be in a relationship where I do not spend a majority of my time thinking about whether or not my boyfriend might be looking for someone else, but rather spend that time thinking about new experiences to take part in with him.

Discussion

The participants’ stories, written as an activity for an intervention to improve the quality of intimate partner relationships in EA women, contained robust descriptions of how the participants viewed themselves in the context of their troubled relationships with romantic partners. The participants identified views-of-self that could be conceptualized as dialectal pairs of problematic views that contrasted with analogous satisfying views. These views-of-self constitute a typology comprised of the following: (a) the silent-vocal self, (b) the sacrificing-prioritized self, (c) the caretaking-boundary-setting self, and (d) the insecure-secure self.

Characteristics of the four views-of-self in troubled relationships that we identified have been noted in prior research. Similar to our finding of the silencing self, research has demonstrated that women in troubled relationships gradually withhold and lose important facets of their identities in attempting to maintain relationships with their romantic partners (Butler, 2014; Jack, 1991; Lynch, 2013; Matheson et al., 2015; Towns & Adams, 2000). Consistent with the sacrificing self, studies have revealed that women in troubled relationships often alter their behaviors (Draucker, Martsof, & Stephenson, 2012) or put their partner’s needs above their own (Lynch, 2013) to prevent conflict with their partner. Similar to our finding of the caretaking self, studies have noted that women in violent relationships sometimes take on mothering roles in their romantic relationships in order to solve their partners’ problems (Towns & Adams, 2000) and are expected to take responsibility for fixing any problems encountered in the relationship (Boonzaier, 2008). Consistent with the insecure self, studies have demonstrated that women in violent

relationships often have insecurities about their own worth (Butler, 2014; Lynch, 2013) and the faithfulness of their partners (Giordano et al., 2015). The use of technology to monitor partner's fidelity by young people, which was observed in our study, has also been described in previous research (Draucker et al., 2012; Stephenson, Martsof, & Draucker, 2011; Sullivan, Erwin, Helms, Masho, & Farrell, 2010).

Women's views-of-self in troubled relationships were closely related to gender norms for women. Our participants easily identified messages from others, including family, friends, and the media, that contributed to these behaviors, suggesting that such self-views stem, at least in part, from traditional gender norms. From an early age, women are taught to embody the images that others impose on them (Hurst & Beesley, 2013), defer to men's power and act in a way that is consistent with men's expectations (Boonzaier, 2008; Draucker et al., 2012), and assume responsible for men's behavior, especially in instances when they act violently or irresponsibly (Baly, 2010; Sullivan et al., 2010). These messages were underlying themes in the participants' stories of silence, sacrifice, caretaking, and insecurity. Although the women's views-of-self are linked to typical gender norms that many women experience, the dynamics that these norms brought to the relationships was unhealthy. Our participants were able to describe how gendered expectations of the woman's role in a romantic relationship influenced and perpetuated unhealthy patterns of behavior in their relationships.

Our findings also support research that has conceptualized views-of-self in terms of attachment orientations. Previous studies have demonstrated that having an insecure attachment is linked with troubled relationship patterns (Bonache et al., 2017; Burk & Seiffge-Krenke, 2015; Furman & Simon, 2006). The EA women's descriptions of their views-of-self in troubled relationships in the current study are consistent with an insecure-anxious attachment orientation in particular. Anxious attachment is characterized by desiring close proximity to a partner, while being hyper-vigilant to cues of rejection from the partner (Bonache et al., 2017; Burk & Seiffge-Krenke, 2015). The participants in our study stifled their voices, sacrificed their own needs, cared for their partners to the detriment of their own well-being, and scrutinized their partners' behaviors in the service of maintaining the relationships at all costs. This finding reinforces previous research that has demonstrated that having insecure attachment is related to patterns of conflict, aggression, and violence in the relationships of young couples (Bonache et al., 2017; Burk & Seiffge-Krenke, 2015; Furman & Simon, 2006; Smith, Welsh, & Fite, 2010).

The participants' held or aspired to views-of-self that were in opposition to the problematic views-of-self have also been observed in previous literature describing how women overcome or heal from violent or abusive relationships. Similar to the vocal self, research has noted that, at some point, many women in violent relationships gain a personal sense of agency, allowing them to stand up to their partner, make decisions in the relationship, or end the relationship entirely (Baly, 2010; Boonzaier, 2008; Lynch, 2013). Consistent with the prioritized self, young women described how they attempted to reclaim their identities after leaving violent relationships by prioritizing self-discovery activities or working to achieve personal goals (Butler, 2014; Lynch, 2013). Similar to what we observed with the secure self, EA women have also described having a better understanding of the attributes of a

healthy relationship after leaving a violent relationship and having a greater desire to cultivate healthy intimate partner relationships in the future (Butler, 2014).

While our findings resonate with prior research on troubled relationships that has revealed aspects of the different views-of-self-described in our study, this study extends this literature by explicitly delineating a number of different views-of-self held by EA women in troubled relationships by analyzing stories they have written. Also, our findings contribute to a more nuanced understanding of views-of-self in relationships as we discovered that for every problematic view-of-self that marks troubled relationships, women can describe an alternative contrasting view-of-self that they ascribe to, or aspire to, following an insight, an inspiring message from another person, or an experience that reinforces their strength or resilience. Moreover, the participants offered rich examples in their stories of how their problematic views-of-self negatively affected their ways of being in their relationships as well as their self-esteem and how alternative views-of-self offered possibilities for personal growth and more satisfying intimate partner relationships.

The findings of this study should be considered in the context of several limitations. First, we recruited our sample from the local university due to convenience and to ensure that participants would have access to resources if they were any safety concerns in their troubled relationships. However, because we recruited a small college-based sample with little diversity in terms of racial, ethnic, and sexual identities, we can make no claims regarding how non-college or minority women describe their views-of-self in relationships. Second, the findings are based on stories written by the participants for a purpose other than this analysis and were completed over a four-week period. We thus did not have the opportunity to discuss the stories with the participants, ask them to provide additional narrative details, or probe in more depth how their views-of-self affected their overall life narratives over time. Moreover, because the stories were written in response to specific directed prompts according to the intervention protocol, it is unclear if the same views-of-self would have emerged if the women were writing or telling spontaneous stories about their relationships. While the stories were written in response to directed prompts, they nonetheless represented authentic reflections on the women's relationships.

Additional research would be needed to further develop and refine the typology of views-of-self in troubled relationships among EAs. We recommend that future studies be conducted with a larger, more heterogeneous sample of women; that story-writing be combined with narrative interviews; and that study participation extends over a longer period of time. Such a study would allow researchers to develop a more nuanced and complex typology of self-views in this population that accounts for the influence of demographic and social factors on self-views and captures how these views change over the developmental period of emerging adulthood.

Despite these limitations, the study findings suggest some practice implications for clinicians who work with EAs in troubled relationships and offer possibilities for addressing problematic attachment patterns. The typology we developed here, with further development, could be used as a springboard to introduce EAs to the concept of views-of-self in romantic relationships and to initiate discussions with EAs about their own views-of-

self. Clinicians can use the questions in Table 1 to direct conversations with EAs about their relationships. Moreover, the study findings indicate that asking EAs to reflect on and name the habitual problems they experience in romantic relationships, consider messages that contribute to these problems, think about times when these problems were not impinging on their relationships, and contemplate a relationship they would prefer – all techniques drawn from Narrative Therapy (White & Epton, 1990) – may lead to views-of-self related to healthier and more satisfying relationships.

Conclusion

The current study is the first to describe troubled relationships from the perspective of EA women using a view-of-self lens. In their stories, women described four types of views-of-self in troubled relationships and alternative contrasting views-of-self: The silent self-vocal self, the sacrificing self-prioritized self, the caretaking self-boundary setting self, and the insecure self-secure self. While facets of these views-of-self have also been described in past research on troubled relationships, this study adds to the literature by providing an expanded and more nuanced understanding of how these EA women's views-of-self manifested in their troubled relationships. Providing women with opportunities to reflect on views-of-self that may have been present in current or past troubled relationships and explore ways that they have been able to overcome these views-of-self has the potential to break cycles of troubled relationships and open new possibilities for healthy relationships in the future.

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Table 1

Questions Based on Views-of-Self in Troubled Relationships

View-of-Self	Clinical Question
Silent Self	The silent self refrains from voicing concerns to romantic partners for fear of upsetting them. Is this commonly true of you?
Sacrificing Self	The sacrificing self puts their partner's needs above their own, even at the expense of their own happiness. Have you struggled with sacrificing your own happiness to maintain the happiness of your partner?
Caretaking Self	The caretaking self aims to take responsibility for their partner's wellbeing. Have you ever sought to "fix" your partner or felt that you were ultimately responsible for your partner's wellbeing?
Insecure Self	The insecure self constantly worries if they are loved and accepted by their partner, sometimes leading to behaviors such as monitoring their partner's phone or social media accounts. Have you felt similar insecurities about your relationship with your partner?

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