



**RESEARCH PAPER**

**An Exploration of Relational Betrayal Trauma, Attachment Styles and Well-Being in Relation to Socio-Demographic Difference between Clinical and Non-Clinical Samples of Faisalabad, Pakistan**

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**ABSTRACT**

The aim of the study was to investigate the difference among demographic variables on the level of relational betrayal trauma, attachment styles and well-being. Certain demographics characteristics play vital role in different psychological constructs to shape their overall well-being. The study includes a young adult sample. Neurotic patients with stress, anxiety, and depression from several Faisalabad hospitals made up the clinical sample. With a sample size of N=120, 60 university students and 60 clinical group members were included in comparative study. The test administration includes Relational betrayal trauma scale (RBTS) (Akram & Qureshi, 2024), Scale of General Well-being (SGWB) (Longo et al., 2017) and Scale of Adult Attachment Measure (SAAM) (Collins & Read, 1990). The data analysed by SPSS 26 showed both non-significant demographics unrelated to the study variables and just a few of significant demographics connected to the study variables. The current study recommends the future psychologists and researchers to understand the components that aid them to develop better social understanding to take remedial actions.

**Keywords:** Demographics, Clinical, University Students, Relational Betrayal Trauma, Attachment Styles, Well-being

**Introduction**

The environment plays a crucial role in shaping a child's attachment strategies, which in turn greatly impact their behavior in close interpersonal relationships. From the moment a baby is born, their interactions with their primary caregivers lay the foundation for their personality development and shape their future relationships, social expectations, and attitudes towards rejection (Fonagy & Target, 2002). A strong foundation is established when the attachment figure offers a sense of stability and security during times of tension, enabling the infant to freely explore their environment (Ainsworth, 1978).

The early attachment relations play a vital role in shaping later social relationships, developing emotional and stress regulation abilities, self-control, mentalisation, and emotional maturity. As a result, a child who forms insecure or disorganised attachments, potentially as a result of neglect or being moved between multiple foster care homes, may face challenges in these domains and encounter emotional and behavioral issues (Hocking et al., 2016). On a broader scale, attachment theory also delves into how individuals navigate their closest relationships with their attachment figures, such as their parents, children, and life partners. However, as our understanding of the connection between early brain development, early psychosocial experiences, and developmental psychopathology has grown more advanced, it has become evident that the significance of attachment in humans

extends far beyond its original evolutionary function of ensuring the immediate survival of an infant (Crittenden, 2006).

Betrayal trauma refers to the experience of trauma within the context of interpersonal relationships. According to betrayal trauma theory, the degree to which a person who is trusted betrays another person who is trusted has an impact on how that event is stored and remembered (Gómez et al., 2016). Betrayal trauma include instances of childhood abuse, adultery, racism, and job exploitation. Betrayal trauma refers to the experience of being victimized by someone whom the victim has placed faith in (White & Epstein, 2014).

## **Literature Review**

Over the past few years, there has been a significant shift in how we understand betrayal trauma, with a growing focus on the impact of childhood adversity on long-term mental and physical well-being. Relational and betrayal traumas, once considered remarkable, are now recognized as prevalent occurrences that can happen at any stage of life (Goldberg & Freyd, 2006). This includes early infancy, when individuals are most reliant on their caregivers for survival. Exposure to betrayal trauma in childhood is alarmingly widespread, often referred to as a silent epidemic (Kaffman, 2009). It was observed that traumatic events have a profound impact on individuals, as they surpass the usual coping mechanisms of everyday life (Herman, 2015).

When the offender is someone that the victim has emotional attachment to, depends on, or has confidence in, this is categorised as a highly betraying traumatic experience. Research indicates that individuals who have experienced traumatic experiences have a lower likelihood of remembering incidents characterised by high levels of betrayal compared to events with lower levels of betrayal (Freyd et al., 2001). Typically, it is beneficial for those who have had trauma to separate themselves from the cause of the trauma. Nevertheless, those who rely on the perpetrator of the traumatic event for their life, such as children who are mistreated by their caregivers, may find it advantageous to suppress the memory of the trauma and remain in close contact to the caretaker. While providing immediate survival for the victim, long-term exposure to betrayal-related trauma is linked to physical illness (Goldsmith et al., 2012), depression, anxiety, dissociative symptoms (Freyd et al., 2005), and other symptoms of posttraumatic stress disorder (Tang & Freyd, 2012).

The concept of well-being is interpreted differently by different disciplines. The idea of well-being has its roots in positive psychology. The concept of well-being encompasses various aspects of a good life, such as living in a favorable environment, having a sense of worth, and personal happiness (Shyam, 2007). Sociologists focus on the idea of good living conditions, while ecologists and biologists emphasize survivability. Politicians and social reformers, on the other hand, consider factors such as high life satisfaction, a sense of meaning and purpose, and social fairness when discussing what constitutes a good living environment (Veenhoven, 2009).

Well-being extends beyond the pursuit of pleasure and happiness, as well as a general assessment of life satisfaction. It encompasses the overall functioning and psychological well-being of individuals. Examining well-being through a singular subjective item approach lacks the ability to provide meaningful understanding of how individuals perceive the essential aspects of their lives that greatly impact important outcomes (Ruggeri et al., 2020). A comprehensive measure of well-being should consider all the key elements of well-being, including both the pleasurable and meaningful aspects and cannot be reduced to a single factor such as income, life satisfaction, or happiness (Allin & Hand, 2017).

Well-being encompasses various aspects and lacks a universally agreed-upon definition. According to the Centers for Disease Control and Prevention (CDC), it entails experiencing positive emotions and moods, the absence of negative emotions, contentment with life, fulfillment, and positive functioning. There has been a significant rise in the interest surrounding the study of well-being in health research over the past two decades. In 2003, the PubMed database yielded 1,361 results for the term "well-being." Fast forward to 2022, and that number has skyrocketed to 22,536 results (Ruggeri et al., 2020). Although there has been a rise in the use of the term, there has been a lack of consistent definition across different fields of study (Chutiyami et al., 2022). Informally, people often use the term well-being to refer to concepts like wellness, health, happiness, and satisfaction (Lydia et al., 2020).

In light of the intricate interplay between attachment styles, relational betrayal trauma, and well-being, which are related to certain demographic characteristics that may have an impact on all three study variables, the current study investigated how certain demographics may be related to these variables in order to understand these terms more broadly.

### Hypotheses

The current hypothesis of the study which is based on the study's objective includes:-

H1: There would be significant difference among demographic variables on the level of relational betrayal trauma, attachment styles and well-being.

### Material and Methods

The quantitative study was carried out based on cross-sectional research design.

### Participants

The current study includes young adults between the ages of 18 and 35 who were recruited. A sample size of 120 consisting of university students (N=60) for non-clinical group and neurotic patients (N=60) suffering from stress, anxiety, and depression for clinical group were selected. Purposive sampling was utilized to collect data for the clinical group while for non-clinical group convenience sampling was done.

### Instruments

**Demographic Questionnaire.** The researchers used a constructed questionnaire to collect demographic information from participants. Participants were asked to provide information about their gender, age, education, siblings, mother and father occupation, mother and father education, marital status, religion, birth order, family structure, number of family members, earning members, current residence and locality.

**Scale of Adult Attachment Measure (SAAS; Collins & Read, 1990).** It is a self-report questionnaire that assesses adult attachment patterns and offers a means of quantifying attachment styles. Each item on the 21-item scale is scored on a five-point Likert scale, with 1 denoting "not at all" and 5 denoting "extremely characteristic." According to a Chinese study, the internal consistency was greater than .7 while showing high construct related validity.

**Relational Betrayal Trauma English Scale (RBTS; Akram & Qureshi).** It comprises of 20 items and four different components that exhibit a 5-point Likert scale

rangers from 1 to 5. The scale demonstrated by an excellent reliability of  $\alpha=.85$  in a Pakistan study while good construct validity.

**Scale of General Well-being (SGWB; Longo et al., 2017).** The scale is a 14-item self-administered questionnaire that assesses each item on a five-point Likert scale from 1 (not at all) to 5 (very true). The internal consistency of the scale is .96 and demonstrated high construct validity.

## Procedure

The manuscript topic was approved from Board of Studies before data collection. The consent was obtained by email from the scale authors. Prior to data collection, appropriate participants were approached for consent. After every participant in study gave their informed consent, following that, each participant received information on the study and the questionnaire. All clients were assured that their responses and information would remain confidential.

## Statistical Analysis

The data was analysed using the Statistical Package for Social Sciences 26 (SPSS). Descriptive analysis was used to determine the demographic statistics. For mean differences, ANOVA and the T-test were used.

## Results and Discussion

**Table 1**  
**Sociodemographic Characteristics of Participants for Non-Clinical Group (N=60)**

Characteristics	n	%
Gender		
Male	28	46.7%
Female	32	53.3%
Age		
18 – 25 years	49	81.7%
26 - 35 years	11	18.3%
Education		
BS	33	55.0%
MS	27	45.0%
Birth order		
First	20	33.3%
Middle	33	55.0%
Last	7	11.7%
Siblings		
None	1	1.7%
1-3 siblings	31	51.7%
4-6 siblings	20	33.3%
7-9 siblings	7	11.7%
10-12 siblings	1	1.7%
Father Education		
None	2	3.3%
Primary	2	3.3%
Middle	3	5.0%
Matric	8	13.3%
Intermediate	11	18.3%
Graduation	25	41.7%
Post-graduation	8	13.3%
Diploma	1	1.7%
Father Occupation		
None	3	5.0%
Govt. Job	14	23.3%
Private Job	4	6.7%

Business	22	36.7%
Farmer	6	1.0%
Engineer	1	1.7%
Teacher	9	15.0%
Labor	1	1.7%
Mother Education		
None	9	15.0%
Primary	2	3.3%
Middle	2	3.3%
Matric	18	3.0%
Intermediate	4	6.7%
Graduation	19	31.7%
Post-graduation	6	1.0%
Mother Occupation		
None	4	6.7%
Govt. Job	2	3.3%
Private Job	1	1.7%
Housewife	45	75.0%
Teacher	8	13.3%
No. Of Family Members		
2-5 members	23	38.3%
6-9 members	30	5.0%
10-13 members	6	1.0%
18-21 members	1	1.7%
Earning Members		
None	1	1.7%
1-3 members	53	88.3%
4-6 members	6	1.0%
Monthly Income		
10,000-50,000	15	25.0%
51,000-100,000	24	4.0%
101,000-150,000	5	8.3%
151,000-200,000	6	1.0%
201,000-250,000	1	1.7%
251,000-300,000	3	5.0%
350,000-400,000	1	1.7%
450,000-500,000	3	5.0%
Above 500,000	2	3.3%
Marital Status		
Single	57	95.0%
Married	3	5.0%
Family System		
Joint	9	15.0%
Nuclear	51	85.0%
Locality		
Urban	51	85.0%
Rural	9	15.0%
Current Residence		
Hostilities	15	25.0%
Day Scholar	45	75.0%
Religion		
Islam	59	98.3%
Christian	1	1.7%

Note. N= 60; n= Frequency; %= Percentage

Table 1 sample consisted of 60 participants that belongs to non-clinical group of university students having 32 females (53.3%). and 28 males (46.7%). Majority of the respondents 49 (81.7%) fall under the age bracket of 18 – 25 years while very few 11 (18.3%) fall under the age range 26 – 35 years. The table revealed that 33 (55%) who had BS and 27 (45%) who had MS education. The table demonstrate 33 (55%) had middle, 20 (33.3%) had first and 7 (11.7%) had last birth order. The sample consists of 31 (51.7%) participants who had four to six siblings. Moreover, sample revealed that 25 (41.7%) were those whose father education was graduation, 22 (36.7%) were those whose father

occupation is business 368 (61.3%), 19 (31.7%) were those whose mother education was graduation, and 45 (75%) were those whose mother occupation was housewife. the table consisted of 30 (50%) participants who had six to nine family members, 53 (88.3%) participants who had one to three earning members and 24 (40%) those whose monthly income was fifty thousand to one lac. Furthermore, the sample consisted of 57 (95%) single and 3 (5%) married respondents. The table reveals that 51 (85%) respondents had nuclear, and 9 (15%) respondents had joint family system. The sample consisted of 51 (85%) participants who belongs to urban area and 9 (15%) participants who belongs to rural area. Furthermore, 45 (75%) respondents were day scholar and 15 (25%) were hostilities. The table reveals 59 (98.3%) who belongs to Islam, 3 (.5%) and 1 (1.7%) was Christian.

**Table 2**  
**Sociodemographic Characteristics of Participants for Clinical Group (N=60)**

Characteristics	n	%
Gender		
Male	20	33.3%
Female	40	66.7%
Age		
18 – 25 years	32	53.3
26 - 35 years	28	46.7
Birth order		
First	12	2.0%
Middle	37	61.7%
Last	11	18.3%
Siblings		
None	1	1.7%
1-3 siblings	24	4.0%
4-6 siblings	25	41.7%
7-9 siblings	9	15.0%
10-12 siblings	1	1.7%
Marital Status		
Single	40	66.7%
Married	20	33.3%
Locality		
Urban	55	91.7%
Rural	5	8.3%
Religion		
Islam	60	1.0%
Physical disability		
Yes	4	6.7%
No	56	93.3%
Psychological disability		
Yes	60	1.0%
No	0	.00%
Type of Illness		
Depression	17	28.3%
Anxiety	37	61.7%
Stress	6	1.0%
Duration of Illness		
1-3 months	9	15.0%
4-6 months	9	15.0%
7-9 months	32	53.3%

Note. N= 60; n= Frequency; %= Percentage

Table 2 sample consisted of 60 participants that belongs to clinical group including patients diagnosed with depression, anxiety and stress having 40 females (66.7%) and 20 males (33.3%). Majority of the respondents 32 (53.5%) fall under the age bracket of 18 – 25 years while very few 28 (46.7) fall under the age range 26 – 35 years.

The table demonstrate 37 (61.7%) had middle, 12 (20%) had first and 11 (18.3%) had last birth order. The sample consists of 25 (41.7%) participants who had four to six

siblings. Furthermore, the sample consisted of 40 (66.7%) single and 20 (33.3%) married respondents. The sample consisted of 55 (91.7%) participants who belongs to city and 5 (8.3%) participants who belongs to village. The table reveals 60 (100%) who belongs to Islam. Furthermore, it was revealed that 56 (93.3%) participants had no physical disability, and 4 (6.7%) participants had physical disability with all 60 (100%) participants have psychological disability. The sample showed 37 (61.7%) had anxiety, 17 (28.3%) had depression and 6 (10%) had stress. The table also demonstrated the duration of illness with predominance of 32 (53.3%) participants having seven to nine months duration.

**Table 3**  
**Descriptive Statistics of Study Variables for Non-Clinical (N= 60)**

Variables	N	Minimum	Maximum	M	SD
Attachment Style	60	2.38	5.90	4.56	.77
Relational Betrayal Trauma	60	1.09	5.45	3.17	.79
Well-being	60	1.43	5.00	3.37	.86

*Note.* M= Mean; SD= Standard Deviation

The table reveals the mean and standard deviation of study variable for the non-clinical sample of N= 60 participants.

**Table 4**  
**Descriptive Statistics of Study Variables for Clinical Groups (N= 60)**

Variables	N	Minimum	Maximum	M	SD
Attachment Style	60	3.95	6.38	5.59	.43
Relational Betrayal Trauma	60	2.32	5.77	3.76	.46
Well-being	60	1.21	3.14	2.17	.55

*Note.* M= Mean; SD= Standard Deviation

The table reveals the mean and standard deviation of study variable for the non-clinical sample of N= 60 participants.

**Table 5**  
**Reliability Statistics of Scales**

Constructs	No. of Items	Alpha ( $\alpha$ )
Attachment Styles	21	.860
Relational Betrayal trauma	20	.828
Well-being	14	.945

Reliability is the measure of internal consistency of the constructs under study. The construct reliability was assessed using Chronbach's Alpha. The results revealed that Attachment styles scale with 21 items ( $\alpha$ = .860), Relational betrayal trauma scale with 20 items ( $\alpha$ = .828) and General well-being scale with 14 items ( $\alpha$ = .945) were found reliable.

**Table 6**  
**Means, Standard Deviations and, Independent Sample t-test in Relational Betrayal Trauma for demographical characteristics of Non-Clinical Sample (N=60)**

		Attachment Styles			Relational Betrayal Trauma			Well-Being		
		M	SD	p	M	SD	p	M	SD	p
Gender	Male (n=28)	4.59	.84	.78	3.25	.84	.50	3.39	.84	.84
	Female (n=32)	4.53	.72		3.11	.74		3.35	.90	
Age	18 - 25 years (n = 49)	4.44	.75	.01**	3.05	.75	.01**	3.36	.85	.84
	26 - 35 years (n = 11)	5.1	.66		3.72	.75		3.42	.94	
Education	BS (n=33)	4.47	.71	.37	3.29	.61	-.37	3.31	.92	.54
	MS (n=27)	4.66	.85		3.03	.95		3.44	.80	
Marital Status	Single (n=57)	4.54	.75	.57	3.18	.80	.57	3.38	.86	.55

	Married (n=3)	4.81	1.36		3.08	.46		3.07	1.04	
Family System	Joint (n= 9)	4.34	.79	.38	2.62	.92	.38	3.21	.98	.57
	Nuclear (n=51)	.59	.77		3.27	.73		3.40	.85	
Locality	City (n= 51)	4.58	.78	.52	3.17	.81	.46	3.41	.85	.34
	Village (n=9)	4.4	.76		3.16	.68		3.11	.95	
Current Residence	Hostilities (n=15)	4.38	.74	.31	3.04	.91	.21	3.11	.86	.18
	Day Scholar (n=45)	4.62	.78		3.22	.74		3.45	.86	

Note: \*\* $p < .01$

Table 6 representing the results of independent sample t test for the gender, education, marital status, family system, locality, and current residence with the attachment styles, relational betrayal trauma and wellbeing. The p value of the gender, education, marital status, family system, locality, current residence is far above .05 which providing evidence that there is no significant difference in the attachment style on the base of these demographical characteristics. However, only age p value < .05 which indicating that attachment style varies on the base of age. The individual fall with the age group of 18 to 35 years have less mean value 4.44 while the other individual falling within the range of 26 – 35 years have high mean value 5.1. The p value of the gender, education, marital status, family system, locality, current residence is far above .05 which providing evidence that there is no significant difference in the relation betrayal trauma on the base of these demographical characteristics. However, only age p value < .05 which indicating that relation betrayal trauma varies on the base of age. The respondents falling within the age bracket 18 to 25 years mean value is 3.36 which is less than the mean score of individuals belong to age group 26 years that is 3.41. The p value of the gender, education, marital status, family system, locality, current residence is far above .05 which providing evidence that there is no significant difference in the well-being on the base of these demographical characteristics.

**Table 7**  
**Means, Standard Deviations, and One-Way Analysis of Variance in Relational Betrayal Trauma Scale of Non-Clinical Sample (N=60)**

		AS			RBT			Well-being		
		M	SD	p	M	SD	p	M	SD	p
Birth Order	First ( n = 12)	4.40	.80	.38	3.10	.82	.67	3.45	.79	.86
	Middle ( n = 37)	4.68	.76		3.25	.81		3.34	.94	
	Last ( n = 11)	4.41	.76		3.01	.56		3.28	.77	
Religion	Islam	4.55	.78	.79	3.17	.79	.99	3.35	.86	.29
	Christ	4.76			3.18			4.29		
Siblings	None ( n = 1 )	4.10		.88	3.09		.73	2.79		.60
	1-3 ( n = 24)	4.56	.81		3.03	.79		3.52	.89	
	4-6 ( n = 25)	4.64	.63		3.34	.88		3.30	.86	
	7-9 ( n = 9)	4.48	1.09		3.29	.55		3.06	.82	
	10-12 ( n = 1)	3.95			3.41			2.79		
Father Education	None ( n = 2)	3.91	.94	.59	2.52	.74	.39	2.75	.96	.70
	Primary ( n = 2 )	5.24	.40		2.73	.13		2.68	.46	
	Middle ( n = 3)	4.79	.65		2.49	1.35		3.55	1.33	
	Matric ( n = 8)	4.77	.69		3.56	.41		3.24	.69	
	Intermediate ( n = 11)	4.32	.96		3.09	.92		3.67	.81	
	Graduation ( n = 25)	4.50	.70		3.18	.58		3.41	.87	
	Post-graduation ( n = 8)	4.70	.89		3.34	1.20		3.31	1.06	
	Diploma ( n = 1 )	5.05			3.86			2.57		
Fathers Occupation	None	4.68	.65	.89	3.03	1.00	.98	3.02	.35	.97
	Government Job ( n = 14)	4.55	.84		3.28	.70		3.52	.79	
	Private Job ( n = 4)	4.38	.62		3.01	.66		3.50	.81	
	Business ( n = 22)	4.55	.79		3.13	.81		3.43	.96	
	Farmer ( n = 6)	4.36	.87		3.14	.52		3.08	.81	
	Engineer ( n = 1)	4.00			2.96			3.21		



	Teacher ( n = 9)	4.69	.83		3.34	1.15		3.30	1.08	
	Labour ( n = 1 )	5.52			2.64			3.00		
Mother Education	None	4.26	.97	.84	2.68	.72	.44	3.44	.84	.48
	Primary ( n = 2 )	5.10	.20		3.25	.61		2.82	.66	
	Middle ( n = 2)	4.74	1.11		3.02	.55		2.89	.15	
	Matric (n = 18)	4.61	.65		3.30	.71		3.48	.75	
	Intermediate ( n = 4)	4.46	.41		3.69	.50		2.57	.86	
	Graduation ( n = 19)	4.63	.93		3.22	.96		3.50	.95	
	Post-Graduation ( n = 6)	4.43	.53		3.08	.61		3.36	1.07	
	None	4.14	1.05	.36	2.51	1.25	.05**	3.48	.46	.94
Mother Occupation	Government Job ( n = 2)	3.76	1.95		2.73	.84		3.79	1.72	
	Private Job ( n = 1)	4.24			3.96			3.57		
	Housewife ( n = 45)	4.59	.73		3.13	.70		3.36	.84	
	Teacher ( n = 8)	4.82	.55		3.77	.76		3.22	1.10	
No of Family Members	2-5 ( n = 23)	4.52	.80	.81	3.22	.99	.10*	3.34	.99	.26
	6-9 ( n = 30)	4.55	.80		3.18	.69		3.42	.69	
	10-13 ( n = 6)	4.80	.64		3.27	1.03		2.98	1.03	
	18-21 ( n = 1)	4.10			1.23			4.79		
Earning Members	None (n = 1)	4.57		.99	2.00		.32	3.43		.63
	1-3 ( n = 53)	4.55	.79		3.20	.75		3.33	.86	
	4-6 ( n = 6)	4.60	.72		3.12	1.05		3.69	.97	
Monthly Income	10,000-50,000 ( n = 15)	4.45	.83	.17	3.13	.74	.07	3.21	.80	.80
	51,000-100,000 ( n = 24)	4.79	.71		3.29	.64		3.56	.86	
	101,000-150,000 ( n = 5)	3.74	.42		2.76	1.07		3.34	.43	
	151,000-200,000 ( n = 6)	4.68	.53		3.41	.61		3.08	.90	
	201,000-250,000 ( n = 1)	4.10			2.64			3.21		
	251,000-300,000 ( n = 3)	3.98	1.39		2.96	.73		3.76	1.57	
	350,000-400,000 ( n = 1)	5.33			5.46			2.93		
	450,000-500,000 ( n = 3)	4.60	.58		2.50	1.13		3.55	1.08	
	above 500,000 ( n = 2)	4.86	.74		2.86	.77		2.64	1.52	

Note: AS= Attachment Styles; RBT= Relational Betrayal Trauma \*\*\*  $p < .01$ , \*\*  $p < .05$ , \*  $p < .10$

Table 7 presents the results of ANOVA t test of the birth order, religion, siblings, father education, father occupation, mother education, mother occupation, no of family members, earning members and monthly income with attachment style, relational betrayal trauma and wellbeing. The p value  $> .05$  for all the variables birth order, religion, siblings, father education, father occupation, mother education, mother occupation, no of family members, earning members and monthly income indicating there is no significant difference in the attachment styles on the base of these demographical characteristics. The p value  $> .05$  for all the variables birth order, religion, siblings, father education, father occupation, mother education, earning members and monthly income indicating there is no significant difference in the relational betrayal trauma on the base of these demographical characteristics. Only mother occupation has p value  $< .05$  and no. of family members has p value  $< .10$  indicating there is significant difference in relational betrayal trauma on the base of mother occupation and no. of family members. The p value  $> .05$  for all the variables birth order, religion, siblings, father education, father occupation, mother occupation, mother education, no. of family members, earning members and monthly income indicating there is no significant difference in the well-being on the base of these demographical characteristics

**Table 8**  
**Means, Standard Deviations and, Independent Sample t-test in Relational Betrayal Trauma for demographical characteristics of Clinical Sample (N=60)**

		AS			RBT			Well-being		
		M	SD	p	M	SD	p	M	SD	t
Gender	Male (n=20)	5.75	.29	.035**	3.8023	.54411	.594	1.968	.588	-
	Female (n=40)	5.51	.46		3.7341	.41971		2.27	.505	2.064
Age	18 - 25 years (n = 32)	5.53	.45	.279	3.8295	.53721	.194	2.304	.487	
	26 - 35 years (n = 28)	5.65	.39		3.6737	.34685		2.015	.582	

Marital Status	Single (n=40)	5.55	.4	.407	3.7898	.44174	.439	2.311	.479	3.02	.004**
	Married (n=20)	5.65	.48		3.6909	.50349		1.886	.58		
Locality	City (n= 55)	5.574	.43435	.428	3.7595	.47863	.883	2.21	.53	1.984	.520
	Village (n=5)	5.7333	.31335		3.7273	.2132		1.714	.6		
	No ( n = 56)	5.5935	.43226		3.7768	.45893		2.181	.549		

Note: AS= Attachment Styles; RBT= Relational Betrayal Trauma \*\* $p < .05$

Table 8 representing the results of independent sample t test for the gender, age, marital status, locality, and physical disability with the attachment styles, relational betrayal trauma and wellbeing. The p value of gender is less than .05 (p-value = .035) indicating that there is significant difference in the attachment style on the base of gender. The mean value of male is 5.75 which is slightly higher than the female average value that is 5.51. The p value > .05 for the rest of the variables that include age, marital status, locality and physical disability hence, on there is no significant difference in attachment styles on the base of these demographical characteristic.

The p value > .05 for the rest of the variables that include gender age, marital status, locality and physical disability hence, on there is no significant difference in Relational Betrayal Traumas on the base of these demographical variables. The p value of gender is less than .05 (p value = .043) which providing evidence that there is significant difference in well-being on the base of the gender. The mean score of wellbeing of male is 1.968 is which is lower than female mean score of wellbeing score 2.27. The p value of the age is also less than .05 (p value = .041) hence, the well-being differ on the base of age. The individual fall within the range of 18 to 35 year are found to be more concerned about their wellbeing as their mean score 2.304 which is higher than 2.015 mean score of individual falls within the age range of 26 – 35 years. Lastly, Wellbeing score also varies on the base of the marital status (p value = .004). The single individuals mean score is 2.311 which is higher than the married individuals mean score of 1.886. There is no significant difference in wellbeing on the base of locality and physical disability as there p value > .05.

**Table 9**  
**Means, Standard Deviations, and One-Way Analysis of Variance in Relational Betrayal Trauma Scale of Clinical Sample (N=60)**

		AS			RBT			Well-being			
		M	SD	p	M	SD	p	M	SD	t	p
Birth Order	First (n = 12)	5.401	.636	.142	3.758	.513	.031**	2.393	.564	1.263	.291
	Middle (n = 37)	5.668	.318		3.662	.344		2.11	.546		
	Last (n = 11)	5.519	.436		4.074	.63		2.123	.525		
Siblings	None (n = 1 )	5.714		.317	4.364		.175	2.643		.622	.649
	1-3 (n = 24)	5.696	.334		3.854	.466		2.054	.542		
	4-6 ( n = 25)	5.543	.502		3.642	.489		2.226	.511		
	7-9 ( n = 9)	5.476	.392		3.818	.242		2.23	.702		
	10-12 (n = 1)	4.952			3.136			2.5			
Type of Illness	Depression ( n = 17)	5.633	.437	.282	3.816	.251	.535	2.076	.591	.348	.707
	Anxiety ( n = 37)	5.609	.363		3.76	.514		2.201	.517		
	Stress ( n = 6)	5.325	.698		3.568	.594		2.238	.683		
Duration of Illness	1-3 months ( n = 9)	5.397	.625	.429	3.54	.474	.103	2.206	.602	.287	.885
	4-6 months ( n = 9)	5.529	.424		3.848	.45		2.317	.64		
	7-9 months ( n = 32)	5.61	.355		3.702	.356		2.154	.524		
	10-12 months (n = 9)	5.772	.434		4.091	.67		2.056	.579		
	13-15 months ( n = 1)	5.429			3.636			1	2		

Note: AS= Attachment Styles; RBT= Relational Betrayal Trauma \*\* $p < .05$

Table 9 presents the results of ANOVA t test of the birth order, siblings, and type of illness and duration of illness with attachment style, relational betrayal trauma and wellbeing. According to the above presented results, there is no significant difference in the attachment style on the base of the demographical characteristics that include, birth order, siblings, illness and duration of illness as p value > .05. The p value of birth order is less than .05 (p value = .031) which indicates that there is significant difference in the relational

betrayal trauma on the base of birth order. The last born has the highest average score indicating they face more relational betrayal trauma as compared to first and middle born. However, there is no significant difference in relational betrayal trauma on the base of siblings, type illness and duration of illness. According to the above presented results, there is no significant difference in wellbeing on the base of the demographical characteristics that include, birth order, siblings, type of illness and duration of illness as  $p$  value  $> .05$ . The study aimed at exploring mediating role of attachment styles between relational betrayal trauma and well-being in clinical and non-clinical samples. The research adopted a comparative design with a sample of 120 subjects, 60 from the non-clinical group composed of university students and 60 from the clinical group composed of neurotic patients undergoing treatment for stress, depression and anxiety. Such a methodological approach allowed for the simultaneous examination of how those variables intersect across different populations, which would allow for exploration of possible discrepancies in relational betrayal trauma, attachment styles, and well-being between those with clinical psychological disorders and those without. Diversifying the participants to both clinical and non-clinical groups, the study sought to explore by what extent mediating role of attachment styles impact on varying levels of well-being and the significance of relational betrayal trauma.

## **Discussion**

The hypothesis was about the effect of demographic characteristics, including age, gender, and the level of education of the participants, on relational betrayal trauma, attachment styles, and well-being. This hypothesis was partly realized in the study where it was established that the following demographic variables impacted on these variables. Notably, the relational betrayal trauma and poorer well-being were said to be more reported by the young participants as well as by those with less education (Chutiyami et al., 2022). These conclusions also imply the dynamics of how demographic characteristics may influence the ways individuals experience and describe relational betrayal and their psychological wellbeing. This suggests that demographic variables are also important predictor variables for relational trauma alongside well-being because they might potentially influence the process or manifestation of trauma.

The contribution of demographics was not equal for all of them and thus it was revealed that the relationship between demographics and the variable under consideration is not direct but rather complex. For instance, the data analysis showed that age and education level played an important role in the study while gender affected all parts of the study. These fluctuations indicate that there might be possible moderators in the demographic variables for the relational betrayal trauma and well-being, like socio-economic status, cultural background, or personal history. Research should also give detailed descriptions of these interactions with a view of adding on knowledge to the effect that these factors have on well-being and trauma (Plattner et al., 2003).

The study highlights the need for progressive future studies to investigate demographic variables in relation to other contextual factors. That understanding can contribute to gaining a broader perspective across different populations. The results of this study contribute to the understanding of attachment styles, relational betrayal trauma and well-being among young adults.

## **Conclusion**

Psychologists can better understand which demographics influence attachment styles, well-being, and relationship betrayal trauma according to the current research. Additionally, it is anticipated that the current study will eventually investigate additional, pertinent studies

**Recommendations**

The participants were selected from Faisalabad, Pakistan which is the only city the data was collected. There are fewer participants in the comparison study because of the particular clinical demographic of patient. To further investigate the study variables longitudinal research should be required. Future research should use a larger sample size because the current study's generalizability is diminished by its short sample size and time constraint.

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