CHILDHOOD TRAUMA, ATTACHMENT STYLES AND PSYCHOLOGICAL DISTRESS AMONG PATIENTS DIAGNOSED WITH FUNCTIONAL NEUROLOGICAL SYMPTOM DISORDER

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CHILDHOOD TRAUMA, ATTACHMENT STYLES AND PSYCHOLOGICAL DISTRESS AMONG PATIENTS DIAGNOSED WITH FUNCTIONAL NEUROLOGICAL SYMPTOM DISORDER

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Abstract

This study aimed to investigate the relationship between childhood trauma, attachment styles and psychological distress among patients diagnosed with Functional Neurological Symptom Disorder. It further examined the mediating role of attachment styles between childhood trauma and psychological distress. Correlational research design was used to conduct the study. A sample of female and male adult patients diagnosed with Functional Neurological Symptom Disorder (N = 120), (Females = 108, Males = 12), between the ages of 14-65, (M= 26.7, SD= 6.30) was recruited from government and semi government hospitals across Lahore. All participants completed Childhood Traumatic Events Scale (Pennebaker & Sussman, 1987), The Relationship Questionnaire (Bartholomew & Shaver, 1990) and The 10-item Kessler Scale of Psychological Distress (Kessler et al., 2003). Results showed a significant positive relationship between the traumas of death of closed ones, divorce or separation in parents, sexual abuse, major upheaval in life and fearful, dismissive attachment styles and psychological distress. Psychological distress was found to have positive significant relationship with preoccupied attachment styles. It was also found that fearful, preoccupied and dismissive attachment styles mediated the relationship between least experienced domain of childhood trauma i.e. trauma of divorce/separation in parents and psychological distress. Findings from this study could emphasize the importance of early identification and intervention for individuals with a history of childhood trauma and insecure attachment styles.

Keywords: Childhood Trauma, Attachment Styles, Psychological Distress, Patients Diagnosed with Functional Neurological Symptom Disorder.

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List of Abbreviations

Abbreviations	Full Form
FNSD	Functional Neurological Symptom Disorder
CTES	Childhood Traumatic Event Scale
RQ	The Relationship Questionnaire
K10	Kessler 10-Item Scale of Psychological Distress
SPSS	Statistical Package for Social Sciences

List of Symbols

Symbols	Definition
a	Cronbach’s index of internal consistency
f	Frequency
k	Total no of items
LL	Lower Limit
M	Mean
N	Total sample
p	Significant value
SD	Standard deviation
UL	Upper Limit
%	Percentage
B	Beta
ΔR^2	R squared change
R^2	R square

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CHAPTER I

Introduction

This study aims to examine the relationship of attachment styles, trauma in childhood and psychological distress in Functional Neurological Symptom Disorder patients. Functional Neurological Symptom Disorder was first called Conversion Disorder (CD). It includes somatic symptoms and related disorders. The patients having this disorder complain of certain symptoms that cannot be explained medically and those symptoms also do not have any base in neurology but these symptoms cause serious distress and problems in functioning. These symptoms have an effect on the sensory and/or voluntary motor body functions and we cannot intentionally produce these symptoms (Butt, Saleem, & Hamid, 2020). Typically, this disorder affects one's movements and senses i.e. it can impair one's ability to walk, see and hear. Weakness, paralysis, seizures and abnormal movements are some of the symptoms that affect the movements of our body whereas, numbness, blindness, inability to speak and deafness are the symptoms that can affect our (Williams & Perez, 2020).

Functional Neurological Symptom Disorder has been very common in the psychiatric departments in Pakistan. Also, the prevalence of these unexplained symptoms remain high in South Asia countries including Pakistan, however, the research remains limited in this area as well (Bhavsar et al., 2016). Mostly Functional Neurological Symptom Disorder is associated with fits of unconsciousness and their occurrence is reported to be 40.3% to 41.3%, with sensory symptoms it is 40.3%, with mixed symptoms it is 12.6% and with motor symptoms it is 5% (Khan et al., 2006). It is more frequently found among women as reported by American Psychiatric Association (2017). Research shows psychogenic neurological symptoms to be linked with greater anxiety and negative affect (Morris et al., 2018; Perez et al., 2012).

A study conducted in Rawalpindi reported that conversion is the fifth most common disorder that requires hospital admission (Irfan & Badar, 2002). In India, similar finding report 31% hospital admission of people having this diagnosis (Malhi & Singhi, 2002). Freud gave the most convincing explanation of Functional Neurological Symptom Disorder by putting forward the explanation that childhood conflicts that remain unresolved is the root cause of hysteria (Breuer & Freud, 1955). Perspective in behaviorism shows that the symptoms of Functional Neurological Symptom Disorder are produced as well as maintained when the environment reinforces the role enactments (Kring et al., 2012).

Sociocultultural perspective on the other hand says that the signs and symptoms of Functional Neurological Symptom Disorder are more prevalent in countries still developing or underdeveloped ones, rural areas or such areas where there is lack of education and awareness. As the technology and psychological awareness has advanced, people have accepted the fact that the symptoms of depression and anxiety that they are experiencing can be the consequence of stress (Krendl & Pescosolido, 2020). However, in developing countries like Pakistan, the emotional expressions of stress or the symptoms of anxiety or depression can go unnoticed because there is lack of psychological awareness, but the somatic symptoms of Functional Neurological Symptom Disorder such as seizures, blindness etc. serves a way to receive attention (Bokharey & Rahman, 2013). Also it is believed that Functional Neurological Symptom Disorder is more prevalent in collectivist cultures where open expression of emotions by individuals is not encouraged (Georgas, 2010).

Bowlby (1969), proposed a child’s social, intimate and professional relationships later in life depend largely on child’s relationship with his/her parents. Therefore, a child’s early

relationship with his/her parents or caregivers sets the criteria for all the relationships later in his/her life. There are four adult attachment styles:

- Anxious or preoccupied style
- Avoidant or dismissive
- Disorganized or fearful-avoidant
- Secure style

The way a child perceives his/her close relationships in life depends very much on his/her parents or caregivers because a child tends to seek comfort, love, care and support from his caregivers and parents and if those physical and emotional needs of an individual are not met or fulfilled then the individual fails to attach securely to the caregivers. Therefore, it is very important that parents or the caregivers gives the child a warm and comforting environment and take care of child's physical and emotional needs even when the child does not express his needs clearly. If the child is neglected and his needs are put aside then it is likely that he will form insecure attachment which can lead to psychological distress, adverse childhood experiences and also affect a child's capacity to depend on oneself (Butt, Saleem & Hamid, 2019).

Childhood traumas impinges the life of a child particularly when experienced in early childhood, i.e. a trauma between birth to six years of age. During the first three years of life, children are most dependent on their primary caregivers for care, love, nurturance and protection. Because of these needs children become very vulnerable to any kind of trauma and especially if this trauma is coming from primary caregivers and hence hinders the child's capacity to develop and also the ability to establish secure attachment with their caregivers (Fobian & Elliot, 2018).

Functional Neurological Symptom Disorder like other psychiatric disorders have always been seen as an illness in neurology and psychiatry, however we cannot deny the evidence that it

is highly co-morbid with psychological illness as well, as seen through improvement in mental health resulted in improved outcomes. In recent researches, Functional Neurological Symptom Disorder patients were grouped depending on the neurological symptoms they were experiencing and were then analyzed for etiology, an association between Functional Neurological Symptom Disorder and abuse or trauma was established as it was seen through the studies that patients experiencing mostly motor symptoms of Functional Neurological Symptom Disorder have histories of childhood trauma. Early childhood trauma plays an eminent role in the formation of Functional Neurological Symptom Disorder symptoms especially non-epileptic seizures. In the Functional Neurological Symptom Disorder group of patients, about half (51.1%) of those patients had a history of trauma (Fobian & Elliot, 2018).

An emotional state of mind that includes the signs and symptoms of depression and anxiety is known to be psychological distress (Durand, 2005). Psychological distress is a general experience in response to stress and it results in hindering one's capability of coping well (Ridner, 2004). Psychological distress is extensively used as an indicator of the mental health of the population in public health, in population reviews and in epidemiological study and, as a result, in clinical trials and interference studies. However, a closer analysis of the scientific literature shows that the expressions of "psychological distress" is usually applied to the undistinguishable combinations of symptoms reaching from depression and common anxiety symptoms to distinct traits of personality, SUD, functional disabilities and behavior problems (Barlow, 2010). According to stress-distress model, it is observed as a transitory phenomenon that is consistent with normal emotional reactions to stressors levels (Webb, 2015).

Researchers proposed that caregivers' and a positive parent child connection can decrease the chances that a child will experience psychiatric issues or illness as a result of trauma or

adverse experience. Howe (as cited in Erozkan, 2016) also proposed that children who do not have a caregiver or the one's whose caregivers cause them any kind of anxiety and stress were found to be the victims of frequent abuse. The measures of neglect and abuse put forward the assessment that childhood trauma and normal functioning of individuals in their adult lives have a significant relationship, which becomes observable when those individuals tend to establish relationships with their peers, familes and specifically partners later in life (Erozkan, 2016).

Bartholomew and Horowitz (1994), proposed a classification system which comprised of three insecure attachment types and one secure attachment type. It was seen that those who had a secure attachment type experienced a caring and comforting childhood, those individual had a positive self and others image and faced no difficulty in depending on other people in their life as compared to the individuals who had insecure attachment type with their caregivers. It was emphasized by Fonagy (2009), that the factor that causes most destruction in attachment relationship is trauma. In cases where primary caregivers do not help their children in coping with their anxieties and stresses, the brain structuring tends to delay the development processes. According to Crittenden (2000), unresolved trauma can be preoccupying and distressing in two main ways.

According to the dynamic natural model of attachment, higher and more distorted attachment categories are correlated with the amount of unresolved trauma (Heard & Lake, 2010). It is evident from research that young children who endure traumatic situations are affected long after they are children (Erozkan, 2016). In light of the literature data and information mentioned above, adverse childhood experiences are believed to be connected to different types of attachment. Over the past few decades, the research of attachment has become more and more linked to critical mental functions that are engaged in the mental health of

individuals, such as interpersonal interactions and emotion regulation (Shaver, 2015). Numerous investigations revealed links between adult psychopathological issues and attachment style (Mikulincer & Shaver, 2015).

According to a researcher, fearful and preoccupied attachment styles might be considered as a broad risk factor for psychopathology (Shaver, 2015). Anxious and avoidant attachment styles, for example, have been linked to depression, anxiety, obsessive-compulsive disorder (Doron et al., 2009), and externalising pathologies (McWilliams & Bailey, 2010). Insecure attachment leads towards psychological distress and lower self-esteem in individuals, whereas such individuals who have secure attachments are likely to experience lesser distress and have higher self-esteem (Mónaco et al., 2019). Attachment theories as proposed by Ainsworth (1973) and Bowlby (1988) also concludes a significant relationship attachment and psychological well-being of an individual with findings that shows that how an individual perceives himself and others is partly predicted by attachment security (Sroufe, 2002; Thompson, 2006).

High self-esteem has been associated with secure attachment to parents (Passanisi et al., 2015; Rosen, 2016), but poor self-esteem is associated with insecure attachment and increases psychological distress (Chen et al., 2020). Insecure attachment, according to Roberts et al. (1996), causes negative self-views that might result in distorted beliefs and psychological distress. Newly onset, psychiatric disorders which are related to the trauma may be experienced the psychopathology and /or psychological distress that exists previously may also exacerbate, when individuals are exposed to collective traumatic (Bell et al., 2019; North & Pfefferbaum, 2013).

Emerging evidences in research and clinical practice has shown that the strongest risk factor for prevalence of psychological disorders especially functional neurological symptom

disorder is trauma (Norris, 1992, & Kessler et al., 1995). Childhood trauma (CT) has been reported as a major risk factor for psychiatric disorders such as MDD, anxiety, PTSD (Copeland et al., 2018, & Hailes & Yu, 2020). Early adversity has been linked to an increased risk of suicide, poor psychosocial/functional outcomes, and physical health issues (Copeland et al., 2018; Hailes and Yu, 2020, & Pandey et al., 2020). Different domains of traumatic experiences have different effects on various psychiatric disorders and how they manifest themselves independently (Hailes & Yu, 2020).

Theoretical background

Psychopathology model

The psychopathology model for conversion disorder refers to the theoretical framework that seeks to explain the underlying psychological mechanisms and processes that contribute to the development and maintenance of conversion disorder, also referred to as FNSD (Functional Neurological Symptom Disorder). Neurological symptoms including weakness, paralysis, tremors, or seizures that cannot be attributed to any neurological or medical illness are what this disorder is recognized for. Several psychopathological models have been proposed to explain conversion disorder, and some of the most prominent ones include:

1. Psychoanalytic model

Rooted in the work of Sigmund Freud, this model suggests that conversion disorder occurs due to the repression of unconscious emotional conflicts, which are then expressed as physical symptoms. These symptoms serve as a way to cope with the unresolved emotional distress.

2. Cognitive-behavioral model

This model posits that conversion disorder develops and persists due to maladaptive cognitive processes (such as negative thinking patterns and attention biases) and learned behaviors. For example, individuals with conversion disorder may have learned to associate certain physical symptoms with stress or trauma, leading to the development and maintenance of their symptoms.

3. Emotional processing model

According to this model, individuals with conversion disorder have difficulty processing and regulating emotions, which then manifest as physical symptoms. The symptoms may serve as a means to communicate emotional distress or as a way to avoid confronting and dealing with difficult emotions.

4. Biopsychosocial model

This integrative model takes in account the intricate interaction between biological, psychological, and social elements in the development and maintenance of conversion disorder. It suggests that a combination of genetic predispositions, environmental stressors, psychological vulnerabilities, and maladaptive coping strategies contribute to the disorder.

These models are not mutually exclusive and can be complementary in explaining different aspects of conversion disorder. Treatment approaches for conversion disorder often draw from these models and can include psychotherapy (such as psychodynamic, cognitive-behavioral, or emotion-focused therapy), physical therapy, and medication management for comorbid conditions or symptoms (Peeling & Muzio, 2023).

Attachment Theory

When Bowlby first presented attachment theory, he described attachment as "any activity that leads to an individual gaining or maintaining proximity to some other distinct and favored individual, typically viewed as stronger and/or wiser" (Qinza, 2005, p. 7). However, in these adverse conditions, not everyone experiences responsive and reliable care and thus may not get their attachment needs met. This notion has led researchers to recognize individual differences in attachment styles and strategies to regulate affect in childhood experiences as well as psychological distress (Bowlby, 1988). Feeney (1998), who recognized that the early attachment ties could serve as both a prototype and a predecessor of healthy childhood experiences as well as psychological well-being, corroborated the aforementioned findings.

Ainsworth et al. (1978), studied the effects of separation on babies. According to this study, the degree of separation distress varied depending on the infant and was correlated with how strongly the child was attached to his or her parent or caregiver. The notion of attachment types between newborns and caregivers was created as a result of the findings of this investigation. Developmental research has repeatedly found, according to Bretherton (1987) and Thompson (1999), that a stable baby attachment to the primary caregiver predicts inter- and intrapersonal competence and psychological well-being in later life. Similar findings were found in other studies conducted by Hazan and Shaver (1987) and Feeney (2002). These studies specifically shown that children's attachment types predict their psychological well-being and childhood experiences.

Stress distress model

Psychological distress is known to arise as the internal response to external stressors. Upon encountering stressful circumstances, individuals subconsciously and internally appraise

those circumstances and this appraisal depends on their belief system, how much sense of control do they have, situational constraints and demands, social networks, resources, perception of harm and styles of coping, consequently either positive or negative feelings will develop and somatic illnesses, changes in functioning and physiology will also occur associated with those feelings (McKenzie & Harries, 2013). The psychological stress distress model explains the how traumatic childhood experiences can make an individual prone to psychological distress and in severe cases can result in somatic illness especially functional neurological symptom disorder (Fobian & Elliot, 2018).

Diathesis stress model

The diathesis-stress model proposes that psychological disorders are the result of an interaction between genetic vulnerability and environmental stress factors (Broerman, 2017). Many life circumstances involve a diathesis and a stressor. A child whose parent has mental illness, for example, may be genetically predisposed to the illness as well as experiencing stress as a result of her parent's condition. (Theodore, 2020). When a person has a moderate genetic risk and faces moderate to severe childhood adversity, a moderate stressor is sometimes enough to raise the risk of Functional Neurological Symptom Disorder (Keynejad, Frodl, & Kanaan, 2018).

General adaptation syndrome

General adaptation syndrome (GAS) is a theoretical perspective of stress distress model proposed by Hans in 1975, which explains three physiological stages through which body goes through during a stressful event which are:

- Alarm reaction stage
- Resistance stage

- Exhaustion stage (Higuera, 2018).

GAS can occur with any kind of stress i.e. family conflicts, work related stress or trauma. When an individual experience any of these stressors for prolonged time, the mind and body readily enters in exhaustion stage which is characterized by psychological distress i.e. depression and anxiety and the likelihood of falling prey to somatic illnesses and other health issues increases significantly (Higuera, 2018).

1.1. Literature review

The following section reviews literature related to study variables among Functional Neurological Symptom Disorder.

Gaur., V. (2023), conducted a cross-sectional study design was used to examine comorbid anxiety and depression in females with conversion disorder. In a tertiary care hospital connected to a medical college, 160 consecutive females with conversion diagnoses who attended the psychiatric OPD were assessed for sociodemographic traits and clinical manifestations. The Hamilton Depression Rating Scale (HAM-D) and Hamilton Anxiety Rating Scale (HAM-A) were also used to evaluate these patients. Around 64% participants were reported to have mild depression and 11% of them had moderate depression whereas 9% of participants were suffering from mild anxiety and 2% with moderate anxiety. Results showed that among females with conversion disorder, comorbid depression and anxiety were both highly prevalent.

Erozkan (2016) examined the relation of childhood trauma and types of attachment by using the cross-sectional research design. The sample collected for this study included a total of 911 participants, 492 were female and 419 were male. The participants were the students of Mugla Sitki Kocman University, in Turkey. Shorter version of Childhood Trauma Questionnaire

and Relationship Scales Questionnaire were employed to gather information for this investigation. The Pearson Product Moment Correlation Coefficient and structural equation modelling were used to analyze the data. Results concluded that sexual, emotional and physical abuse along with physical and emotional neglect sub dimensions of childhood trauma had a positive relationship with dismissive, pre-occupied and fearful attachment styles.

Cuoco et al. (2021) conducted a case-control study and investigated the role of different styles of attachment and also their relations with psychiatric symptoms of FND (Functional Neurological Disorders) in comparison to those patients with ND (Neurological Disorders) and healthy individuals, the control group. They also observed that how the patients of FMD (Functional Movement Disorders) could be different from those with functional seizures. For this purpose, a sample of 46 FND patients were compared with 34 ND and 30 healthy individuals. In order to investigate whether anxiety, alexithymia, depression and dissociation are present, extensive battery was used. The Revised instrument of Experiences in Close Relationships (ECR-R) was used to assess their AS. Multivariate Analysis of Variance was used for data analysis. On the ECR-R, patients with FND had higher levels of depressive symptoms and alexithymia, as well as an avoidant pattern, than patients with ND.

Ludwig et al. (2018) studied maltreatment and stressful life events' role in Functional Neurological Symptom Disorder using case control study design. A total of 34 case control studies with a sample of 1405 people suffering from Functional Neurological Symptom Disorder were considered. Controlled studies were made on childhood and adulthood stressors including physical, sexual abuse and emotional neglect. Meta-analysis, methodology assessment, sources of bias and sensitivity analysis were made. Results revealed higher Odds ratios (OR) of childhood emotional neglect as compared to sexual or physical abuse. Hence emotional neglect

occurring in childhood and adulthood was associated with Functional Neurological Disorder development as compared to physical and sexual abuse.

Akyuz et al. (2017) examined the socio-demographic, comorbidity presence, clinical characteristics and connection with childhood traumatic experiences among conversion patients using correlational study design. A sample of 60 females with conversion diagnosis according to DSM IV between age range of 18-65 years were recruited from psychiatry outpatient. The tools used were Sociodemographic and clinical characteristics Questionnaires, Childhood Trauma Questionnaire (CTQ), the Hamilton Rating scale of Depression (HDRS), Hamilton Rating scale of Anxiety (HARS), Brief Rating scale of Psychiatry (BPRS) and Dissociative Events Scale (DES). Data was analyzed by using Chi Square Test, Mann Whitney U Test, Spearman Correlation and Kruskal Wallis Test. The results showed that asthenia, aphasia and crying convulsions were common symptoms of conversion. Depression and dissociative disorder were commonly comorbid with it. Emotional neglect and crying convulsion are significantly and positively related. There is positive non-significant relation between emotional abuse and consciousness-orientation impairment and between physical abuse and pseudo-psychotic symptoms.

Steffen et al. (2015) investigated the connection between adverse experiences during childhood and adulthood in individuals with functional neurological symptoms and their healthy counterparts. Utilizing a case-control study design, the researchers explored the associations among stress profiles, symptom severity, and emotion processing. The study included a sample of 90 participants, with 45 diagnosed with dissociative disorders expressing functional neurological symptoms and 45 healthy individuals. Assessment tools included the Somatoform Dissociation Questionnaire (SDQ-20), Symptom Checklist-90-R for general psychological strain,

Toronto Alexithymia Scale (TAS-26), the German version of the Early Trauma Inventory (ETI), and the German version of the Emotion Regulation Questionnaire (ERQ). The data analysis involved Repeated measures ANOVA, the Mann-Whitney U Test, and the Forced Entry method of Multiple Regression. Findings indicated that individuals with functional neurological symptoms reported a higher prevalence of adverse childhood experiences compared to healthy participants. A significant interaction between the group and adverse childhood experience domain revealed that those with functional neurological symptoms experienced more emotional neglect/abuse and general trauma than the healthy control group. However, there was no significant difference between the groups in terms of physical abuse and sexual trauma. After controlling for negative life events and alexithymia, the direct effect of emotional adverse childhood experiences on functional neurological symptom severity was found to be significant.

Kealy et al. (2018) conducted a correlational study to examine the link between childhood maltreatment and adult somatic distress, as well as the mediating roles of shame and guilt in this relationship among psychiatric outpatients. The sample consisted of 99 adult outpatients from a Canadian mental health clinic, who were selected using a convenience sampling technique. Assessment instruments included the Inventory of Somatic Symptoms (SSI), Patient Health Questionnaire-9 (PHQ-9), Personal Feelings Questionnaire-2 (PFQ-2), and Childhood Trauma Questionnaire (CTQ). The researchers employed zero-order correlation for analysis, using SPSS software and the PROCESS macro (Version 3; Hayes 2018) for estimating parallel mediation models. The findings indicated a direct and positive association between somatic symptoms and childhood emotional abuse, emotional neglect, and sexual abuse. Furthermore, shame was found to mediate the relationship between childhood emotional abuse and somatic symptoms, as well as between emotional neglect and somatic symptoms. After

controlling for depression, somatic symptoms maintained a significant and direct connection to childhood sexual abuse.

Indigenous Studies

Khan and Zaheer (2018) investigated the connection between coping strategies, stress, and depression in patients with Functional Neurological Symptom Disorder using an Ex Post Facto research design. The study included 250 participants, aged 13 to 65 years, with Functional Neurological Symptom Disorder, selected from various hospitals in Lahore. Demographic questionnaires, Holmes and Rahe Stress Scale (HRSS), Brief Cope Scale, and Beck Depression Inventory were administered to the participants. Pearson Product Moment Correlation, Regression analysis, and mediation analysis were utilized for data analysis. The findings indicated that maladaptive coping strategies were associated with stress and depression, while higher stress and depression levels were linked to less adaptive strategies, such as problem-based and humor-based coping.

Khan, Ahmad, Arshad, Najiy Ullah and Maqsood (2005) using a cross-sectional study methodology, examined the symptom pattern of conversion disorder and its relationship to concurrent anxiety and depressive symptoms. Using the Hospital Anxiety and Depression Scale (HADS), 100 patients with conversion disorder who had been diagnosed according to DSM-IV criteria had their level of anxiety and depressive symptoms evaluated. Demographic information was obtained through a semi-structured interview. The data was examined using Pearson Product Moment Correlation in SPSS Statistics. In patients with conversion disorders, the findings revealed a substantial correlation between depressive and sensory symptoms. Anxiety and depression symptoms in people with conversion disorder need to be treated effectively for a better outcome.

Khurram et al. (2020) conducted research on effects of childhood trauma and perceived stress on patients who have conversion disorder. Quantitative research and cross sectional research design was used. A sample of 200 participants was selected from Civil Hospital Bahawalpur (CHB), Bahawal Victoria Hospital (BVH), Shakoor Mind Care Institute Bahawalpur (SMI) and Nishtar Hospital Multan with age range of 17-45 years. The instruments used were Perceived Stress Scale and Childhood Trauma Questionnaire. Correlation and Regression analysis were used on collected data. The results showed that childhood trauma experience including physical, sexual, emotional abuse and neglect has positive correlation with conversion disorder and perceived stress. Perceived stress has a significant and positive correlation with conversion disorder.

Farooq and Yousaf (2016) conducted research on childhood trauma and alexithymia among conversion patients. The study aimed to find relation among childhood trauma and alexithymia. An analytical study was conduceted. The sample consisted of eighty women with conversion disorder from government hospitals of Lahore. Childhood abuse interview (CAI), Bermond-Vorst alexithymia questionnaire (BVAQ) and DSM-IV TR Diagnostic Criteria Checklist were used as tools. Descriptive analysis, Pearson Product Moment Correlation, Multiple Regression analysis were applied as statistical analysis. Results revealed that there is significant positive relationship between childhood trauma and alexithymia. Multiple Regression showed that sexual abuse leads to Alexithymia in conversion patients.

Dar and Hasan (2018) studied the relationship between traumatic experiences and dissociation in conversion patients. Cross sectional study was conducted. The sample included 51 females between the ages of 18-40 who were diagnosed with conversion was selected. Purposive sampling technique was used. The sample was taken from three major hospitals of

Lahore. Symptom checklist for conversion disorder Urdu version, traumatic experiences checklist Urdu version and the Dissociative Experiences Scale and were used to measure study variables. For data analysis, Spearman Correlation and Multiple Regression were used. Findings showed that 70% patients reported emotional neglect. Multiple regression revealed that conversion patients with greater scores on emotional and sexual abuse led to greater level of dissociation. Linear Regression showed that high trauma impact leads to high dissociation scores.

Butt et al. (2020), examined attachment styles and dysfunctional attitudes among patients with Functional Neurological Symptom Disorder using a correlational study design. A total of 150 patients were purposively sampled from Sir Ganga Ram Hospital in Lahore, Pakistan. Data were collected using a demographic form sheet, the Scale of Dysfunctional Attitudes (DAS), and the Revised Scale of Adult Attachment (AAS). Data analysis was conducted with SPSS version 21, using Pearson Product Moment Correlation. The results showed that patients with Functional Neurological Symptom Disorder exhibited an anxious attachment style and a range of dysfunctional attitudes. A significant relationship was observed between the anxious attachment style and dysfunctional attitudes.

Summary of findings

The aforementioned studies have shown the relationship between our variables of proposed study. The effects of attachment styles and psychological distress is provided and how they affect the psychological distress and somatization in functional neurological symptom disorder. So we can assume these two attachment styles and childhood trauma can impact psychological distress in patients with Functional Neurological Symptom Disorder. Most research done on attachment styles shows that anxious-ambivalent and fearful attachment styles

of children with their caregivers contribute to traumatic childhood experiences and vice versa. The studies indicate that insecure attachment styles with caregivers and traumatic childhood experiences lead to psychological distress in patients suffering from Functional Neurological Symptom Disorder. Indigenous researches have shown that patients of Functional Neurological Symptom Disorder have had a history of either some trauma or abuse in their childhood, insecure and anxious attachment styles with caregivers or both and higher relapse tendency in them. In-depth research is required to understand attachment styles which has insufficient research done on it.

1.2. Rationale

Pakistan has a high prevalence of Functional Neurological Symptom Disorder, especially among women, following Schizophrenia, Functional Neurological Symptom Disorder was the most common disorder in both females (25.2%) and males (30.4%). A total of 7,664 patients were evaluated, with women accounting for 35.3% of the total. Males and females both had multiple brain disorders and co-morbidities (Khan et al. 2020). There is limited research on the association between childhood trauma, attachment styles and psychological distress among patients with Functional Neurological Symptom Disorder, therefore conducting research in this area will fill this gap and contribute to the existing literature on this subject, both locally and globally. This study will add to the advancing body of literature that seeks to identify factors contributing to development and maintenance of Functional Neurological Symptom Disorder (FNSD) symptoms.

Most researches have been conducted on trauma and emotional invalidation but the attachment styles of Conversion patients have not been examined to a great degree. Also the mediating role of styles of attachment specifically, in Functional Neurological Symptom Disorder has not been elaborated (Shahid, 2019). In Pakistan especially, people attribute the symptoms of Functional Neurological Symptom Disorder to demonic possession and physical illness rather than mental illness. The reason for choosing this population is that according to literature mostly adults with Functional Neurological Symptom Disorder have some sort of traumatic events in their lives where they are unable to cope with their anxieties and fear and later on face the emotional burden of it resulting in somatization or physiological and/or neurological effects of that stress. Cultural factors in Pakistan, such as the importance of family and social relationships, may influence attachment styles and psychological distress, by studying

these factors in the context of Functional Neurological Symptom Disorder, researchers can better understand how cultural factors may contribute to the development and manifestation of the disorder.

A better understanding of the relationship among these factors in Functional Neurological Symptom Disorder patients can lead to improved healthcare outcomes for these individuals. This includes better diagnosis, prevention strategies and targeted treatments that consider their unique experiences and backgrounds. This research will lead to better knowledge of circumstances of people suffering from Functional Neurological Symptom Disorder for the practitioners and further researches. The findings from this research will increase the awareness of educating the public, policy leaders, and medical professionals about the significance of addressing these issues in Pakistani context. Moreover, engaging in this research can help many in developing their research and professional skills and will contribute to the field of mental health in Pakistan.

1.4. Objectives

- To find out the relationship of childhood trauma, attachment styles and psychological distress in adult patients diagnosed with Functional Neurological Symptom Disorder patients.
- To find out the mediating role of attachment styles between childhood trauma and psychological distress in adult patients diagnosed with Functional Neurological Symptom Disorder.

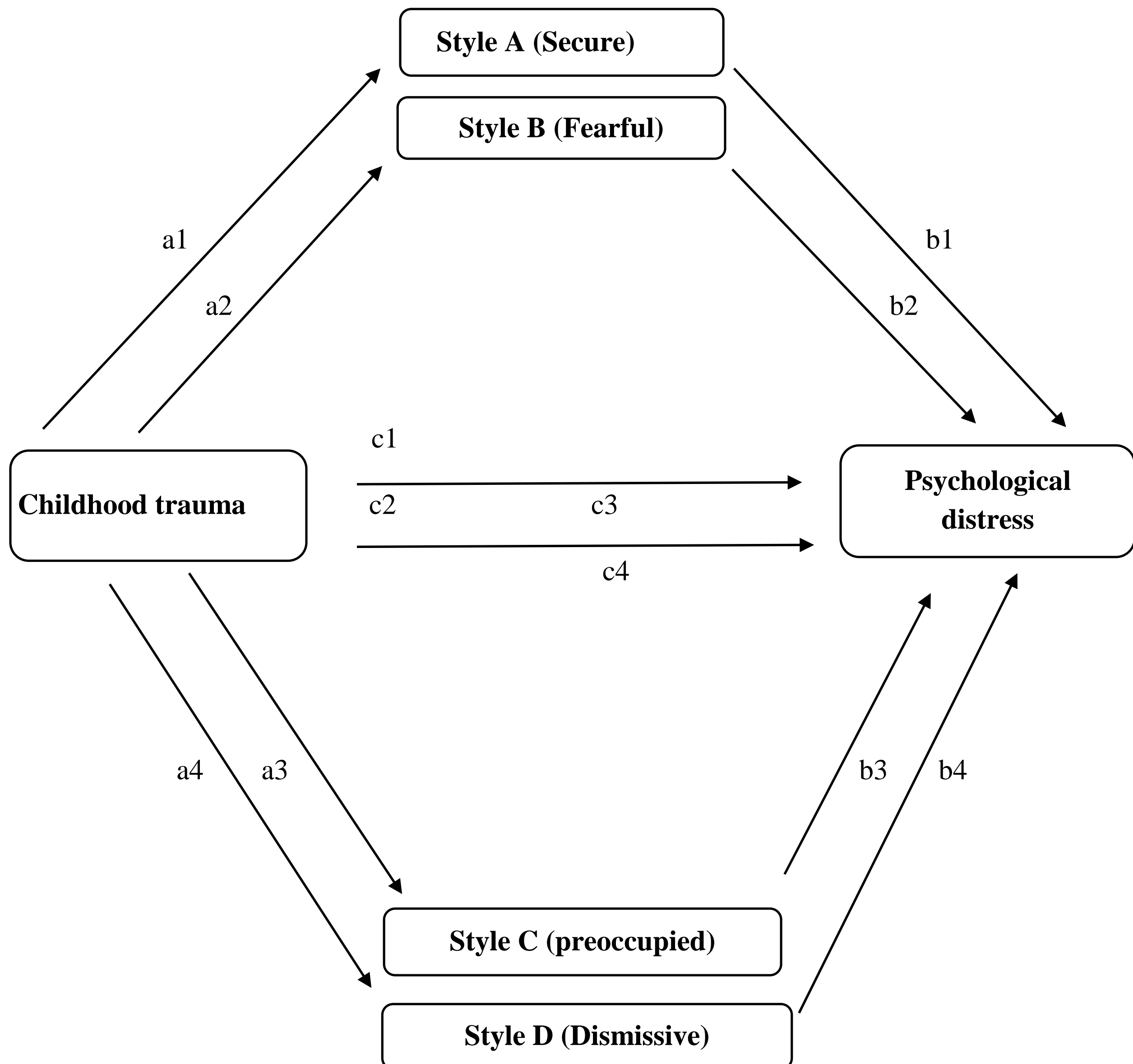
1.5. Hypotheses

- There will be a significant relationship among childhood trauma and attachment styles in adults with Functional Neurological Symptom Disorder.
- There will be a significant relationship among attachment styles and psychological distress in adults with Functional Neurological Symptom Disorder.
- Attachment styles will mediate the relationship between childhood trauma and psychological distress in adults with Functional Neurological Symptom Disorder.

1.6. Proposed model

Figure 1

Proposed Mediation Model of Childhood Trauma, Attachment Styles and Psychological Distress in Adult Patients with Functional Neurological Symptom Disorder



Chapter II

Method

2.1 Research Design

Correlational research design was used to find the relationship of childhood trauma, attachment styles and psychological distress among patients of Functional Neurological Symptom Disorder. This design helps in finding the relationships between variables (Goodwin & Goodwin, 2016).

2.2 Participants

Sampling Strategy. Purposive sampling strategy was used for the present study. This strategy aims to gather information from certain group who has characteristics matching with the purpose the researcher (Goodwin & Goodwin, 2016). has Population selected were the people who had the characteristics of Functional Neurological Symptom Disorder.

Sample. Through purposive sampling, 120 patients (Female = 108; Male = 12) diagnosed with Functional Neurological Symptom Disorder, aged between 14-65 years (Mean age = 26.7; SD = 6.30). Participants were recruited from different government and semi government hospitals of Lahore, Pakistan.

2.2.1 Inclusion Criteria

- Adults both men and women diagnosed with Functional Neurological Symptom Disorder by a practicing clinical psychologist or a psychiatrist regardless of the duration of illness were selected.
- Participants who fell between the age range of 14-65 years were selected.
- Participants who were able to understand and read Urdu or English were selected.

2.2.2 Exclusion Criteria

- Participants diagnosed with Functional Neurological Symptom Disorder that had comorbidity with schizophrenia, substance use disorders, and dissociation disorders were not selected because significant cognitive impairments are common in these disorders which can confound the results of present study.
- Participants having terminal and chronic medical illness e.g. cancer, heart diseases, and diabetes etc. were not selected so results of present study would only be linked to symptom severity of Functional Neurological Symptom Disorder.

Table 2.1

Descriptives for Demographics Characteristics of Participants

Variables	*M(SD)*	*f(%)*
Age	26.7(6.26)	
Gender		
Male		12(10.0)
Female		108(90.0)
Education		
Matric		12(10.0)
Intermediate		36(30.0)
Bachelors		72(60.0)
Religion		
Islam		120(100)
Christianity		0(0.0)
Marital Status		
Single		69(57.0)
Married		48(40.0)
Divorced		3(03.0)
No of Children		
1-4		53(49.0)
More than 4		05(05.0)
No children		62(57.0)
Family system		
Nuclear		60(50.0)
Joint		60(50.0)

Table 2.2

Descriptives for Types of Childhood Trauma Reported in Functional Neurological Symptom Disorder Patients

Variables	***f(%)***	
	Females	Males
Death of a closed one	85(71%)	12(10%)
Confided in	49(41%)	12(10%)
Did not confide in	36(30%)	0(0)
Divorce or separation in parents	48(40%)	04(03%)
Confided in	24(20%)	10(8%)
Did not confide in	24(20%)	0(0)
Sexual abuse	72(60%)	5(4%)
Confided in	0 (0)	0(0)
Did not confide in	72(60%)	7(5%)
Victim of violence	84(70%)	0(0)
Confided in	24(20%)	0(0)
Did not confide in	83 (69%)	0(0)
Illness or injury	84(70%)	0(0)
Confided in	0(0)	0(0)
Did not confide in	84(70%)	0(0)
Any other upheaval	96(80%)	12(10%)
Confided in	84(70%)	12(10%)

Did not confide in	12(10%)	0(0)

According to the demographics of childhood traumatic events, the most experienced trauma by males and females is experiencing any major upheaval in life i.e. 80% of females and 10% males must have experienced some kind of major upheaval in life. Whereas, the least experienced trauma by both males and females is divorce/separation in parents i.e. 48% of females and 3% males have experienced this trauma.

Table 2.3

Descriptives for Attachment Styles of the Participants

Variables	***f(%)***	
	Females	Males
Style A (Secure)	19(16%)	05(4%)
Style B (Fearful)	53(44%)	07(6%)
Style C (Pre-occupied)	48(40%)	12(10%)
Style D (Dismissive)	60(50%)	07(6%)

According to demographics of attachment styles, the most common attachment style in females is dismissive attachment style i.e. 50% and preoccupied attachment style in males i.e. 10%, whereas the least common attachment style in females and males is secure attachment style i.e. 16% and 4% respectively.

2.3 Conceptual and Operational Definitions of Terms/Variables

2.3.1 Attachment styles

The term "attachment" refers to a long-term psychological connection between people. (Bowlby, 1969). Attachment styles are classified as secure, avoidant, anxious, or disorganised (Huang, 2022). This was operationally defined as scores obtained by participants on The Relationship Questionnaire (RQ) (Bartholomew & Horowitz, 1991).

2.3.2 Childhood trauma

Trauma is the experiencing of events that are emotionally distressing and painful and such events leaves a lasting and debilitating effects on child’s mental as well as physical health (Fobian & Elliot, 2018). This was operationally defined as scores obtained by participants on Childhood Traumatic Events Scale (CTES) (Pennebaker & Susman, 1988).

2.3.4 Psychological distress

It refers to non-specific symptoms of depression, stress and anxiety (Kessler, 2010). This was operationally defined as scores obtained by participants on The Kessler scale of Psychological Distress (Kessler et al., 2003).

2.3.3 Functional Neurological Symptom Disorder

This disorder is characterized by neurological symptoms such as weakness, paralysis, tremors, or seizures, which cannot be explained by a known neurological or medical condition (APA, 2013). In this study, symptom severity is operationally defined as the scores obtained by participants on the DSM-5 Level 2 Somatic Symptom Adult measure (Kroenke et al., 2002).

2.4 Measures

2.4.1 Demographic form

A demographic form acquiring information about participants was used to get data including age, gender, education, marital status, family structure (joint/nuclear) and number of children etc.

2.4.2 The Relationship Questionnaire (RQ)

The Relationship Questionnaire (RQ) is a self-report measure developed by Bartholomew and Horowitz in 1991, consisting of four items that assess adult attachment styles. These styles include secure, fearful, preoccupied, and dismissing attachment. The questionnaire is scored using a 7-point Likert scale, with 7 representing "strongly agree" and 1 representing "strongly disagree." The RQ demonstrates good test-retest reliability, with correlation coefficients ranging from r = .74 to .88. Wongpakaran and DeMaranville (2021) examined the construct validity of the RQ in a cross-cultural study involving 62 different cultures, finding evidence for strong convergent and discriminant validity across cultures.

2.4.2 Childhood Traumatic Events Scale (CTES)

The Childhood Traumatic Events Scale (CTES) is a tool used to evaluate the presence and impact of traumatic events experienced before the age of 17. Developed by Pennebaker and Susman in 1988, the CTES includes six domains, each scored from 0 to 7 (0 = no exposure, 1 = not at all traumatic, 4 = somewhat traumatic, 7 = extremely traumatic). The scale does not have a scoring key or established norms (Kim, Bae, and Han, 2013).

2.4.3 The Kessler Psychological Distress Scale (K10)

This questionnaire was used to measure participants' psychological distress. The scale was developed by Kessler et al. in 2003 and it consisted of 10 items. The self-report scale is to be scored on 5-point likert scale between score 5= all the time and score 1= none of the time. The scale has Cronbach's alpha value of 0.88 and shows good test-retest reliability with a correlation coefficient of r=.74. Higher scores on this scale indicate higher levels of psychological distress, and lower scores indicate lower levels of psychological distress. The tool has been translated in Urdu language by Muddassir and Kauser (2010).

2.5 Procedure

In order to carry out the study, first approval from ethical committee board was taken. Permission from authors of tool used in the study was taken. The Relationship Questionnaire RQ and The Childhood Traumatic Events Scale CTES, were translated into Urdu by following MAPI guidelines in which firstly three independent bilingual translators, who were having a degree in MS Clinical Psychology, translated the original English versions of the scales into separate initial drafts in Urdu. The three of the translated drafts of each scale were reviewed by experts and a consensus versions were drafted. Afterwards, two independent translators who were blinded to the original RQ and CTES back translated RQ and CTES into English independently. Later on both the scales were piloted on a convenience sample consisted of 20 people diagnosed with Functional Neurological Symptom Disorder to establish comprehensibility and clarity. As no modification was required, so the final versions were confirmed. Institutional approval was taken from the institutional review board. Participants were briefed about research, their rights and responsibilities pertaining to participation were explained. Once the participants agreed to take part in research, they signed informed consent form which explained ethics and rights to

withdraw. Moving forward, they were made to fill demographics form to attain some basic information. Then questionnaires were administered. It took on average 5 to 10 minutes to administer each questionnaire on each participant.

2.6 Ethical Considerations

- Informed consent of participants were taken.
- Permission to access the tools was taken from their respective authors for data collection.
- The participants were provided with information about the purpose and nature of study through information sheet.
- Participants were given the right to withdraw from research at any time.
- The data was reported with honesty and accuracy.

2.7 Proposed Statistical Analyses

Data was analyzed using the Statistical Package for Social Sciences (SPSS) version 21. The descriptive analysis of demographic information was carried out followed by the reliability analysis of the three scales used. Then data was assessed for normality and linear relation. Pearson Product Moment Correlation was used to test first hypothesis. Multiple Hierarchical Linear Regression was used to test the predictors of outcome variable. Simple Mediation analysis was applied by using Hayes Macro Process 2019 version 3.4.

Chapter III

Results

The present study aimed to investigate the relationship among childhood trauma, attachment styles and psychological distress among adults diagnosed with Functional Neurological Symptom Disorder (FNSD). It also examined the mediating role of attachment styles between childhood trauma and psychological distress towards FNSD. The findings of the study are elaborated in this chapter; table 3.1 presents the psychometric properties of the major study variables; table 3.2 shows the correlation coefficients between the research variables; table 3.3 indicates the Multiple Regression Analysis and table 3.4 to 3.9 shows mediation effect of attachment styles as shown by mediation analysis.

Table 3.1

Psychometrics Properties of Major Study Variables in the Sample (N=100)

Variables	k	M	SD	α	Potential Range	Skewness	Kurtosis
1.Childhood trauma	6	12.6	.57	.71	6-42	.54	-1.9
2. Attachment styles	4	15.3	.81	.62	4-28	-1.8	-.44
3. Psychological distress	10	21.0	1.20	.96	10-50	1.12	-1.2

Note: k = No of items, *M* = Mean, *SD* = Standard Deviation, *α* = Cronbach alpha

Results stated in table 3.1 suggests that the sample is normally distributed i.e., all values of skewness and kurtosis fall within the acceptable range of ±1.96, indicating that the sample data distribution are approximately normal. Cronbach alpha values for all the scales can also be seen in the table providing evidence for acceptable reliability. The Cronbach alpha value for the Childhood Traumatic Event Scale was initially .39 which is poor. One item was removed after analyzing inter-item correlation which increased Cronbach alpha value of this scale from .39 to .71 which is good reliability. Reliability of attachment style and psychological distress can be seen in the table as well. The Cronbach alpha value for The Relationship Questionnaire was initially .23 which is showing poor reliability. Two items were removed after analyzing inter-item correlation which increased Cronbach alpha value of this scale from .23 to .62 which is in fair reliability range. The Cronbach alpha value for Kessler Psychological Distress Scale had come in the excellent range as it is .96.

Table 3.2

Pearson Product Moment Correlation Coefficient Showing the Relationship among Childhood Trauma, Attachment Style and Psychological Distress among Adults Diagnosed with FNSD (N=120)

Measure	N	M	SD	1	2	3	4	5	6
1.CTES1	1	1.40	1.24	-					
2.CTES2	1	1.40	1.75	.20**	-				
3.CTES3	1	1.60	1.63	.24***	.37***	-			
4.CTES4	1	1.0	1.10	-.41***	-.50***	-.51***	-		
5.CTES5	1	1.50	1.50	-.25***	-.31***	-.40***	.20**	-	
6.CTES6	1	2.10	1.60	.36***	.42***	.33***	-.52***	-.10	-
7.Style A	1	2.40	1.20	.12	.16	.04	.27***	.10	.27***
8.Style B	1	6.0	1.30	.26***	.40***	.38***	-.60***	-.35**	.20**
9.Style C	1	6.0	1.30	-.14	.66***	.05	.20***	.24**	.20**
10.Style D	1	6.0	1.48	.25***	.60***	.43***	-.56***	-.12	.70***
11.Psychological distress	10	2.96	1.26	.12	.24***	.13	-.31***	.51***	.21**

Continued

Measure	**N**	**M**	**SD**	**7**	**8**	**9**	**10**	**11**
7. Style A	1	2.10	1.31	-				
8. Style B	1	6.0	1.31	-.40***	-			
9. Style C	1	6.0	1.31	.50***	-.10	-		
10. Style D	1	5.90	1.57	.03	.37***	.17	-	
11.Psychological distress	10	2.96	1.26	.31***	-.14	.50***	-.05	-

Note: **p<.01, *p<.05, ***p<.001, where N= No of participants, *M* = Mean, *SD* = Standard Deviation, *CTES* = Childhood Traumatic Events Scale

According to the results shown in the table above, there is a significant positive relationship of the traumatic event of death of a closed one with fearful attachment (style B) and dismissive attachment (style D) in relationships. This means that individuals who go through the traumatic event/s of death of closed ones are likely to have fearful and dismissive attachment styles as adults. Whereas, the relationship with secure attachment (Style A), preoccupied attachment (style C) and psychological distress is insignificant. Relationship of traumatic experience of divorce or separation among parents have a significant positive relationship with insecure attachment styles i.e. fearful, preoccupied and dismissive attachments and psychological distress, which means that individuals who experience traumatic event of divorce or separation in their parents are more likely to develop fearful, preoccupied and dismissive attachments in relationships and experience greater psychological distress. There is no significant relationship of divorce or separation in parents with secure attachment style in individuals.

The traumatic experience of sexual abuse is significantly positively correlated with fearful and dismissive attachment styles i.e. individuals who have experienced sexual abuse are likely to have fearful and dismissive attachments in their relationships. The relationship of trauma of sexual abuse is insignificant with secure attachment preoccupied attachment and psychological distress. The traumatic experience of being victim of any kind of violence in childhood is significantly positively correlated with secure and preoccupied attachment styles in relationships i.e. individuals are can develop secure as well as preoccupied attachments in their relationships, whereas being victim of violence is significantly negatively correlated with fearful and dismissive attachment styles and psychological distress i.e. they are less likely to develop fearful and dismissive attachments in their relationships and experience less psychological distress. There is a significant positive relationship between traumatic experience of extreme illness or injury and preoccupied attachment style and psychological distress i.e. individuals with this experience are more likely to develop preoccupied attachment style in their relationships and experience more psychological distress.

Whereas, there is a significant negative relationship between extreme illness or injury and style B of attachment i.e. individuals are less likely to develop fearful attachment in their relationships. The relationship between traumatic experience of extreme illness or injury and secure and dismissive attachment styles is insignificant. There is a significant positive relationship between any major upheaval in life and secure, fearful, preoccupied, dismissive attachment styles and psychological distress, i.e., individuals who have experienced any major upheaval in life are likely to develop secure, fearful, preoccupied and dismissive attachment styles in their relationships and experience more psychological distress. Psychological distress is significantly positively correlated with style A and style C of attachments i.e. individuals can

experience psychological distress if they develop preoccupied and even secure attachments in relationships. There is insignificant relationship between psychological distress and fearful and dismissive attachment styles of individuals.

Table 3.3

Multiple Hierarchical Linear Regression showing Predictors of Psychological Distress among Patients of FNSD

Variable	B	95% Cl	For B	SE B	β	R^2	ΔR^2
		LL	UL				
Step I						.56	.56***
Constant	1.61	1.10	2.1	.27			
CTES1	.22	.12	.32	.05	.33***		
CTES4	-.21	-.40	-.04	.10	-.20*		
CTES5	.60	.48	.70	.06	.76***		
CTES6	-.10	-.20	.05	.06	-.10		
Step II						.85	.84***
Constant	4.0	3.1	4.8	.41			
CTES1	.04	-.03	.13	.04	.05		
CTES4	-.70	-.83	-.57	.07	-.67***		
CTES5	.50	.43	.57	.03	.64***		
CTES6	.04	-.05	.12	.04	.05		
Style A	.21	.11	.31	.05	.21		
Style C	.21	.13	.31	.05	.24***		

Note: Cl = confidence interval; LL = lower limit; UL = upper limit **p<.01, *p<.05, ***p<.001, *CTES* = Childhood Traumatic Events Scale

Multiple regression analysis was employed to examine the predictors of psychological distress in patients with Functional Neurological Symptom Disorder (FNSD). The assumption of independent errors was met, as the Durbin-Watson statistic fell between 1 and 3. The assumption of no perfect multicollinearity was tested by examining the tolerance values of predictors of psychological distress; this assumption was met as all values were greater than .2.

Only those predictor variables were tested that had a significant relationship with psychological distress. In model I, five domains of traumatic childhood experiences were entered and the model was significant. Following the are the results for five domains of childhood traumatic experiences.

Significant, $R^2 = .56$, $F(6, 113) = 23.6$, $p < .001$

In model II, four domains of childhood trauma and two styles of attachment were entered and the model turned out to be significant, $R^2 = .85$, $F(10, 109) = 64.1$, $p < .001$

When the effect of model I was excluded from model II, model II still remained significant, $\Delta R^2 = .17$, $F(4, 115) = 6.1$, $p < .001$

Among predictors the traumatic childhood experiences of extreme illness or injury emerged as significant positive predictors of psychological distress experienced by an individual i.e., a person is likely to experience greater psychological distress if he/she experiences these traumatic events in their childhood. Among predictors, the traumatic experience of being victim of any violence emerged as significant negative predictors of psychological distress i.e. a person is less likely to experience greater psychological distress if he/she has experienced these traumatic events in their childhood.

Among predictors style C significantly positively predicted psychological distress i.e. if an individual has preoccupied attachments in relationships, he is more likely to experience

psychological distress. Whereas, style A i.e. secure attachment style did not emerge as a significant predictor of psychological distress.

Table 3.4

Indirect Effect of Attachment Styles between Childhood Trauma of Divorce or Separation in Parents (least experienced trauma) and Psychological Distress with Adults Diagnosed with FNSD (N=120)

Criterion variable	Predictor variable	B	*P*	95% Cl	
				LL	*UL*
Direct Effects					
Psychological distress	CTES2	.20*	.0262	.01	.24
Style A	CTES2	.16	.0861	-.01	.23
Psychological distress	Style A	.30**	.0015	.10	.44
Indirect Effects					
Psychological distress	CTES2 through Style A	.03	-	-.00	.07
Direct Effects					
Psychological distress	CTES2	.31***	.0009	.09	.33
Style B	CTES2	.32***	.0003	.11	.37
Psychological distress	Style B	-.23*	.0143	-.37	-.04
Indirect Effects					
Psychological distress	CTES2 through Style B	-.05	-	-.10	-.01
Direct Effects					
Psychological distress	CTES2	.10	.2691	-.05	1.90
Style C	CTES2	.40***	.0000	.18	.42

Psychological distress	Style C	.34***	.0004	.14	.47
Indirect Effects					
Psychological distress	CTES2 through Style C	.10	-	.03	.17
Direct Effects					
Psychological distress	CTES2	.37***	.0005	.11	.40
Style D	CTES2	.53***	.0000	.30	.55
Psychological distress	Style D	-.24*	.0178	-.40	.04
Indirect Effects					
Psychological distress	CTES2 through Style D	-.10		-.16	-.00

Note: *p<.05, **p<.01, ***p<.001 CTES= *Childhood Traumatic Events Scale*

The table shows the direct effect of experience of divorce or separation in parents (independent variable) on secure style of attachment (mediator variable), which is insignificant suggesting experience of divorce or separation in parents have no impact on development of secure attachment in relationships. The direct effect of secure style of attachment (mediator) on psychological distress is significant and positive suggesting that individuals who have secure attachments in their relationships can experience psychological distress as well. The direct effect of experience of divorce and separation in parents on psychological distress (dependent variable) is significant and positive suggesting that trauma of divorce or separation in parents can lead to development of secure attachment in relationships.

The table also shows that the indirect effect of experience of death/s of closed ones on psychological distress experienced by FNSD patients through secure attachment style is insignificant which means that secure attachment does not mediate the relationship between trauma of death of closed on and psychological distress experienced by the individual. The indirect effect of trauma of death of closed ones on psychological distress is through secure attachment is (β = .03); 95% of Cl.

The table shows the direct effect of experience of death of closed ones (independent variable) on fearful style of attachment (mediator variable), which is significant and positive suggesting that individuals who have experienced death/s of closed ones in their childhood can have fearful attachment style in their relationships. The direct effect of fearful style of attachment (mediator) on psychological distress is significant and negative suggesting that individuals who have fearful attachment in their relationships are less likely to experience psychological distress. The direct effect of experience of death/s of closed ones (independent variable) in childhood on psychological distress (dependent variable) is significant and positive suggesting that trauma of death of closed ones leads towards experience of greater psychological distress.

The table also shows that the indirect effect of experience of death/s of closed ones on psychological distress experienced by FNSD patients through fearful attachment style is significant which means that fearful attachment mediates the relationship between trauma of death of closed on and psychological distress experienced by the individual. The indirect effect of trauma of death of closed ones on psychological distress is through fearful attachment is (β = -.05); 95% of Cl.

The table shows the direct effect of experience of death of closed ones (independent variable) on preoccupied style of attachment (mediator variable), which is insignificant suggesting

that experience death/s of closed ones in childhood does not result in development of preoccupied attachment style in relationships. The direct effect of preoccupied style of attachment (mediator) on psychological distress is significant and positive suggesting that individuals who have preoccupied attachment in their relationships are likely to experience psychological distress. The direct effect of experience of death/s of closed ones (independent variable) in childhood on psychological distress (dependent variable) is significant and positive suggesting that trauma of death of closed ones leads towards experience of greater psychological distress.

The table also shows that the indirect effect of experience of death/s of closed ones on psychological distress experienced by FNSD patients through preoccupied attachment style is insignificant which means that preoccupied attachment does not mediate the relationship between trauma of death of closed on and psychological distress experienced by the individual. The indirect effect of trauma of death of closed ones on psychological distress is through preoccupied attachment is ($\beta = .10$); 95% of Cl.

The table shows the direct effect of experience of death of closed ones (independent variable) on dismissive style of attachment (mediator variable), which is significant and positive suggesting that individuals who experience death/s of closed ones in childhood are likely to develop dismissive style of attachment in their relationships. The direct effect of dismissive style of attachment (mediator) on psychological distress is significant and positive suggesting that dismissive attachment in relationships likely result in experiencing of psychological distress. The direct effect of experience of death/s of closed ones (independent variable) in childhood on psychological distress (dependent variable) is significant and positive suggesting that trauma of death of closed ones leads towards experience of greater psychological distress.

The table also shows that the indirect effect of experience of death/s of closed ones on psychological distress experienced by FNSD patients through dismissive attachment style is significant which means that dismissive attachment mediates the relationship between trauma of death of closed on and psychological distress experienced by the individual. The indirect effect of trauma of death of closed ones on psychological distress is through dismissive attachment is ($\beta = -.10$); 95% of Cl.

Figure 3.1

Emerged Mediation Model Showing Attachment Styles as Mediators between Childhood Trauma of Divorce or Separation in Parents and Psychological Distress among Adults Diagnosed with FNSD (N=120)

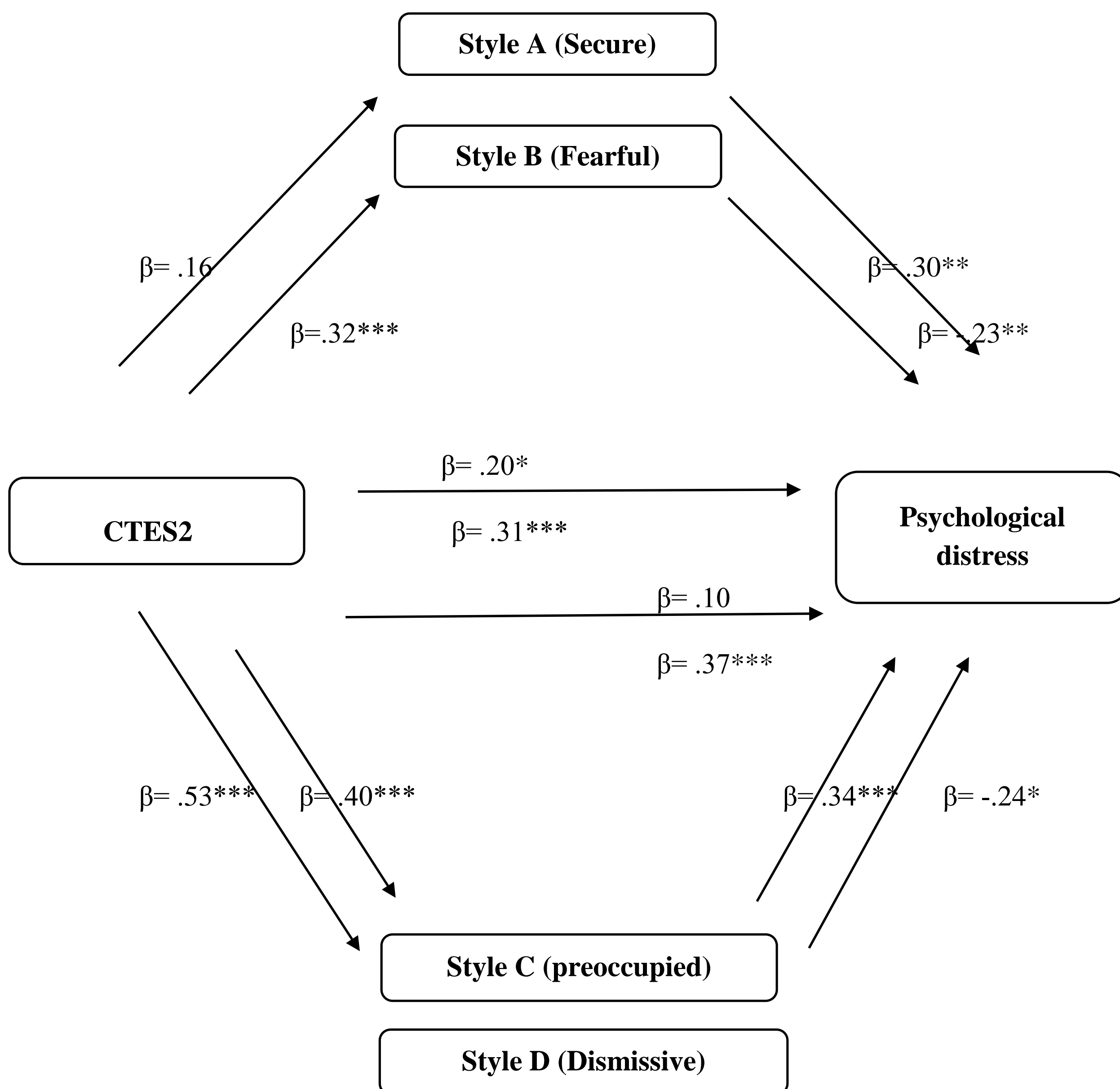


Table 3.2

Indirect Effect of Attachment Styles between Childhood Trauma of Major Upheaval (most experienced trauma) and Psychological Distress with Adults Diagnosed with FNSD (N=120)

Criterion variable	Predictor variable	B	*P*	95% Cl	
				LL	*UL*
Direct Effects					
Psychological distress	CTES6	.14	.1187	-.03	.23
Style A	CTES6	.27***	.0032	.07	.33
Psychological distress	Style A	.30**	.0028	.10	.43
Indirect Effects					
Psychological distress	CTES6 through Style A	.05	-	.01	.13
Direct Effects					
Psychological distress	CTES6	.25***	.0064	.05	.32
Style B	CTES6	.20**	.0255	.02	.31
Psychological distress	Style B	-.18*	.0500	-.32	.00
Indirect Effects					
Psychological distress	CTES6 through Style B	-.03	-	-.06	.00
Direct Effects					
Psychological distress	CTES6	.22**	.0100	.04	.30
Style C	CTES6	-.01	.9368	-.16	.14
Psychological distress	Style C	.40***	.0000	.20	.50

Indirect Effects					
Psychological distress	CTES6 through Style C	-.00	-	-.06	.04
Direct Effects					
Psychological distress	CTES6	.43***	.0002	.15	.50
Style D	CTES6	.66***	.0000	.46	.70
Psychological distress	Style D	-.34**	.0039	-.50	-.10
Indirect Effects					
Psychological distress	CTES6 through Style D	-.16		-.26	-.10

Note: *p<.05, **p<.01, ***p<.001 CTES= *Childhood Traumatic Events Scale*

The findings show that the direct effect of experiencing any major upheaval in childhood on secure attachment style is significant and positive, suggesting that individuals who have faced such upheavals can develop secure attachment styles in their relationships. The direct effect of secure attachment style on psychological distress is significant and positive, indicating that individuals with secure attachment styles can still experience psychological distress. The direct effect of major upheaval on psychological distress is not significant, suggesting that it does not impact the experience of psychological distress. Moreover, the indirect effect of major upheaval in childhood on psychological distress through secure attachment style is significant, indicating that secure attachment style mediates the relationship between major upheaval and psychological distress (β = .05, 95% CI).

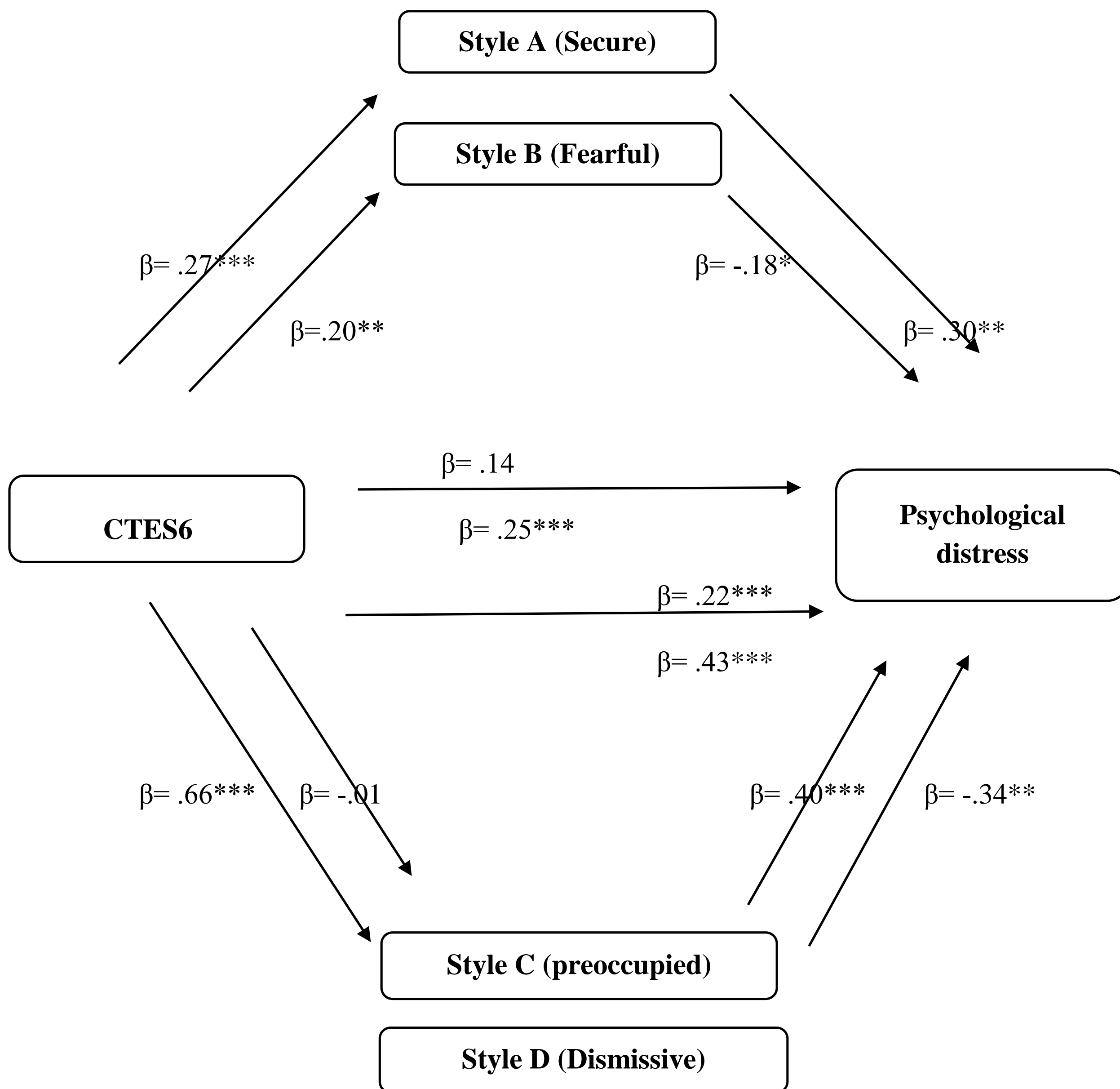
The results demonstrate that the direct effect of major upheaval in childhood on fearful attachment style is significant and positive, suggesting that individuals who have experienced such upheavals are likely to develop a fearful attachment style in their relationships. The direct effect of fearful attachment styles on psychological distress is significant and negative, indicating that individuals with fearful attachment styles are less likely to experience psychological distress. The direct effect of major upheaval on psychological distress is significant and positive, suggesting that those who have experienced major upheavals in childhood are more likely to experience psychological distress. However, the indirect effect of major upheaval on psychological distress through fearful attachment style is not significant, implying that fearful attachment style does not mediate the relationship between major upheaval and psychological distress ($\beta = -.03$, 95% CI).

The analysis reveals that the direct effect of major upheaval on preoccupied attachment style is not significant, indicating that major upheavals do not impact the development of preoccupied attachment styles. The direct effect of preoccupied attachment style on psychological distress is significant and positive, suggesting that individuals with preoccupied attachment styles are more likely to experience psychological distress. The direct effect of major upheaval on psychological distress is significant and positive, implying that individuals who have experienced major upheavals in life are likely to experience psychological distress. Nevertheless, the indirect effect of major upheaval on psychological distress through preoccupied attachment style is not significant, suggesting that preoccupied attachment style does not mediate the relationship between major upheaval and psychological distress ($\beta = -.00$, 95% CI).

Lastly, the direct effect of major upheaval in life on dismissive attachment style is significant and positive, suggesting that individuals who have experienced major upheavals are more likely to develop dismissive attachment styles in their relationships. The direct effect of dismissive attachment style on psychological distress is significant and negative, indicating that individuals with dismissive attachment styles are likely to experience psychological distress. The direct effect of major upheaval on psychological distress is significant and positive, implying that those who experience major upheavals in life are more likely to experience psychological distress. Furthermore, the indirect effect of major upheaval on psychological distress through dismissive attachment is significant, indicating that dismissive attachment style mediates the relationship between major upheaval and psychological distress ($\beta = -.16$, 95% CI).

Figure 3.2

Emerged Mediation Model Showing Attachment Styles as Mediators between Childhood Trauma of Major Upheaval and Psychological Distress among Adults Diagnosed with FNSD (N=120)



Chapter IV

Discussion

The current study aimed to investigate the relationship among childhood trauma, attachment styles and psychological distress among adults diagnosed with functional neurological symptom disorder (FNSD). It further investigated the mediating role of attachment styles in the relationship between childhood trauma and psychological distress. The finding from this research shows that the trauma of divorce or separation in parents and any other major upheaval in life as experienced by FNSD patients have significant positive relationship with fearful, preoccupied and dismissive styles of attachment as well as greater psychological distress. Moreover, the trauma of death of closed ones and sexual abuse has a positive relationship with fearful and dismissive styles of attachment and the trauma of illness or injury and violence has a positive relationship with preoccupied style of attachment. This finding is similar to the research of Erozkan (2016), which also suggests that sexual, emotional and physical abuse along with physical and emotional neglect sub dimensions of childhood trauma had a positive relationship with dismissive, pre-occupied and fearful attachment styles.

Another research by Cuoco et al. (2021), suggests similar results that individuals with FNSD have higher levels of depression and avoidant (fearful) attachment patterns. Another study by Ludwig et al. (2018), presents similar results that emotional neglect occurring in childhood and adulthood was associated with Functional Neurological Symptom Disorder development. Another study conducted by Khurram et al. (2020), suggested similar results that childhood trauma experience including physical, sexual, emotional abuse and neglect has positive correlation with conversion disorder and perceived stress. Another study by Butt et al. (2020), presented that anxious (preoccupied) attachment style is common among FNSD patients

resulting from experiencing of traumatic events. All these research are similar to the findings of current study.

The regression model in this study presents the findings that the childhood traumas of extreme illness or injury emerged as positive predictors of psychological distress. Similar results are seen in study conducted by Ludwig et al. (2018), which suggests that emotional neglect in childhood is one of the main factors causing distress that leads to the development of FNSD. Another study by Akyuz et al. (2017), concludes that emotional neglect in childhood has a positive relationship depression and crying convulsions which are the symptoms of FNSD. Another study by Steffen et al. (2015), showed that patients of FNSD reported more adverse childhood experience than the healthy individuals. Among adverse childhood experience domain, greater emotional neglect/abuse and greater general trauma were found to be the significant factors in FNSD patients than in the healthy control group.

Another research by Kealy et al. (2018), revealed similar results that somatic and psychological distress in FNSD patients have a positive relationship with childhood emotional abuse, emotional neglect and sexual abuse. The study conducted by Khurram et al. (2020), showed that the experience of trauma of emotional abuse and neglect has positive correlation with conversion disorder and perceived stress. The research by Dar and Hasan (2018), shows similar results that emotional abuse and neglect causes distress that leads to the development of dissociative symptoms in individuals. The regression model in this study also shows preoccupied attachment styles as positive predictor of psychological distress in FNSD patients. The study conducted by Butt et al. (2020), implies similar findings which implies that anxious (preoccupied) attachment styles are common in FNSD patients and cause significant distress.

The mediation analysis in this research study implies that the trauma of major upheaval has direct effect on fearful dismissive attachment styles and psychological distress, trauma of divorce or separation have direct effect on fearful, preoccupied, dismissive attachments and psychological distress. Similar findings can be seen in research by Erozkan (2016), which implies that emotional and physical abuse and neglect can lead to the development of fearful, preoccupied and dismissive attachment styles. Research by Ludwig et al. (2018), implies that emotional neglect occurring in childhood and adulthood is associated with FNSD as compared to sexual abuse.

The direct effect of trauma of major upheaval and psychological distress on secure attachment style can be explained by the mediating role of other variables such as social support especially family support and building of resilience over time in individual. When an individual is provided subsequent support from family, it results in securing their current and future relationships and reduce the chances of development of fearful and dismissive styles of attachment (Khodarahimi, Hashim & Mohd-Zaharim, 2016). It has been implied in research by Bukhari & Afzal (2017), that lack of social supports often leads towards psychological distress and adequate social support is results in lesser psychological distress and better relationships.

Social support is believed to promote the growth of positive self-concepts and social abilities, as well as fostering responsibility, competence, impulse control, and secure adult relationships. Additionally, it can help prevent social isolation, which may contribute to lower levels of psychological distress, particularly in individuals who have experienced adverse events in the past (Yasin & Dzulkifli, 2010).

Research conducted by Jorgensen (2019), suggested that resilience might serve as a defense mechanism against depressive and anxiety symptoms. The findings demonstrated how crucial it is to foster resilience, especially for people who encountered adverse childhood. Results implied that promoting resilience significantly reduce psychological distress. It can be seen that individuals who have gone through childhood traumas, if develop resilience can end up experiencing none to reduced psychological distress.

Another finding in this study explains the mediating role of secure attachment style between negative direct effect of trauma of major upheaval in life on psychological distress i.e. if a person has experienced major upheaval in life, he/she will less likely to experience psychological distress, if the person has secure attachment in his/her relationships. As implied in a study that have examined a direct link between attachment types and psychological distress (such as anxiety and depression) both in childhood and in adulthood. The findings show a link between secure attachment and improved mental health. The likelihood of experiencing depressive and anxiety symptoms will diminish in the presence of a secure bond (Muris, Mayer & Meesters, 2000).

Indirect Effect of Attachment Styles Between Childhood Trauma and Psychological Distress of Adults Diagnosed with FNSD

One aim of this study was to explore the mediating role of attachment styles i.e. indirect effect of four attachment styles between six domains of childhood trauma and psychological distress. The findings of this research shows that attachment styles slightly mediate the relationship between childhood trauma and psychological distress. Among attachment styles fearful, preoccupied and dismissive attachment styles mediates the relationship between the least

and most experienced domains of childhood trauma and psychological distress. It can be seen in table 3.4 that the fearful, preoccupied and dismissive attachment style mediates the relationship between the trauma of divorce or separation in parents and psychological distress, which indicates that the indirect effect of trauma of divorce/separation in parents and psychological distress through fearful, preoccupied and dismissive attachment style is significant. This implies that patients of FNSD who have experienced the above mentioned domain of childhood trauma, if develop fearful, preoccupied and dismissive attachment styles are more likely to experience greater psychological distress. Similar findings can be found in research by Cuoco et al. (2021), which reported that FNSD patients with avoidant (fearful) attachment had higher levels of depression. Similar findings are seen in research by Butt et al. (2020), which reported the results that FNSD individuals with anxious (preoccupied) attachment styles fell prey to greater distress.

Table 3.5 shows that the indirect effect of traumas of major upheaval in life on psychological distress through secure attachment style and dismissive attachment is significant i.e. secure and dismissive attachment styles mediates the relationship between aforementioned domain of childhood trauma and psychological distress i.e. FNSD patients who have experienced this trauma, if develop secure attachment style are very likely to experience less psychological distress or if they develop dismissive attachment style, they are likely to experience greater psychological distress (Erozkan, 2016). The mediating role of secure attachment style as shown in table 3.5 as already been discussed is significant which implies that the development of secure attachment styles in FNSD patients who have experienced aforementioned trauma can result in reduced psychological distress.

Strengths of the Study

The current study has strengths that warrant to be highlighted.

- Firstly, past indigenous researches relative to this variable combination among individuals diagnosed with FNSD have not been conducted in Pakistan. The mediating role of attachment styles between childhood trauma and psychological distress has not been elaborated yet.
- Present study has more refined inclusion criteria as only those adults diagnosed with FNSD were selected. This may help increase external validity of the findings.
- The sample was recruited from both semi government and government hospitals to obtain a representative sample.

Limitations and Suggestions

- Use of self-report introduced bias, as participants did not accurately recall past events or may be influenced by social desirability. Future studies could benefit from corroborating self-reported data with other sources, such as medical records or interviews with family members.
- A cross-sectional study design only captures data at a single point in time, limiting the ability to draw conclusions about causal relationships. Longitudinal studies that follow participants over time can provide more robust evidence of causality and the development of conversion disorder.
- It's essential to control for potential confounders that could influence the relationship between childhood trauma, attachment styles, and conversion disorder. These may include socioeconomic status.

- Cultural differences may affect attachment styles and the expression of conversion disorder symptoms. Ensuring the sample is diverse and representative of various cultural backgrounds can help account for these differences.

Conclusion

Overall this study reported positive relationship between traumas of death of closed ones, divorce or separation in parents, being victim of violence and fearful, preoccupied, dismissive attachment styles and psychological distress. It was also reported that individuals who have experienced the afore mentioned traumas can develop secure attachment style, which can be linked to the presence of social support or resilience as mediating factors between experience of trauma and secure attachment. Among mediators fearful, preoccupied and dismissive attachment styles mediated the least experienced trauma i.e. divorce or separation in parents and secure and dismissive attachment style mediated the most experienced trauma i.e. major upheavals in life.

Future Implications

- The findings could emphasize the importance of early identification and intervention for individuals with a history of childhood trauma and insecure attachment styles, potentially reducing the risk of developing conversion disorder.
- Researchers should look into the causal factors of presence of significant mediation between other domains of childhood trauma and psychological distress.
- Researchers should look into the presence of other mediating factors between childhood trauma and secure attachment style.
- Second, the majority of studies done on these variables are based on cross sectional designs, so studies based on experimental research design should be done in future.

- This research could inform prevention strategies aimed at reducing childhood trauma and promoting secure attachment in at-risk populations, potentially reducing the incidence of conversion disorder and related psychological distress.
- These findings could pave the way for more in-depth research exploring other factors that might influence the development of FNSD, such as genetic predispositions, environmental stressors, or other psychological factors.

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Izza Bajwa <ummeizza@gmail.com>

Permission for scale

Harrell, Max<Harrell@hcp.med.harvard.edu>
To: Izza Bajwa <ummeizza@gmail.com>

Mon, July 25, 2022 at 8:39 PM

Hello,

Thank you for contacting Dr Kessler regarding the use of the K6 and K10.

Use of the K6/K10 is free and does not require any formal permission or approval. Permission extends to the translations of the K6 and K10. We do ask that you please cite the below article and include the World Health Organization copyright when using the K6/K10. In addition, we would appreciate it if you would send us the citations to all final publications that use the K6/K10.

> Kessler, R.C., Barker, P.R., Colpe, L.J., Epstein, J.F., Gfroerer, J.C., Hiripi. E., Howes, M.J, Normand, S-L.T., Manderscheid, R.W, Walters, E.E., Zaslavsky, A.M. (2003). Screening for serious mental illness in the general population. *Archives of General Psychiatry*. 60(2), 184-189.
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The K6 and K10, their translations, as well as their scoring rules, are available on our website. Should you have any additional questions regarding scoring rules or the use of the K6/K10, please feel free to follow-up with me or refer to the website.

Kind regards,

Maxim P. Harrell

Research Assistant

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Request for scale

2 messages

Izza Bajwa <izzzabajwa@gmail.com> Thu, Mar 9, 2023 at 12:20 AM
To: bartholo@sfu.ca

Respected Sir, I am a student of MS Clinical Psychology at Kinnaird College for Women, Lahore Pakistan. I am writing to ask for written permission to use your Relationship questionnaire RQ in my research study. The topic of my research is "childhood trauma as a mediator between attachment styles and psychological distress among patients of functional neurological symptom disorder" which is going to be conducted under the supervision of Dr. Masha Asad Khan, Associate Professor (Dept. of Psychology) who can be contacted at Masha.khan@kinnaird.edu.pk.
I would like to use and print your 4 item Relationship questionnaire under the following conditions:
I will use the scale only for my research study and will not sell it or use it with any compensated or curriculum development activities.
I will include the copyright statement on all the copies of the scale.
Kindly provide me the complete scale along with the scoring key, interpretation criteria and psychometric properties (reliability and validity).
Anxiously waiting for your response and thanking you in anticipation.
Best regards,

yours truly,
Umme Izza

Kim Bartholomew <kim_bartholomew@sfu.ca> Fri, Mar 10, 2023 at 12:48 AM
To: Izza Bajwa <izzzabajwa@gmail.com>

You are welcome to use the Relationship Questionnaire for your research project.

Attached is a file which includes a copy of the measure and information on its use.

Regards,

Kim Bartholomew

Professor Emerita

From: Izza Bajwa <izzzabajwa@gmail.com>
Sent: March 8, 2023 11:20:44 AM

To: Kim Bartholomew
Subject: Request for scale

[Quoted text hidden]

Re: permission for scale

2 messages

James W. Pennebaker <jwpennebaker@gmail.com> Wed, Aug 17, 2022 at 10:37 PM
Reply-to: jwpennebaker@gmail.com
To: Izza Bajwa <ummeizza@gmail.com>

Everything you need to know about the Childhood Trauma Questionnaire is on my website (below). Just click on "Helpful Questionnaires" and then scroll to the CTQ. You have my permission to use it, change it, translate it, and score it any way you would like.

Good luck with your work.

James Pennebaker

On Wed, Aug 17, 2022 at 9:55 AM Izza Bajwa <ummeizza@gmail.com> wrote:

> respected Sir, I am a student of MS Clinical Psychology at Kinnaird College for Women, Lahore Pakistan. I am writing to ask for written permission to use your scale of Childhood Traumatic Events in my research study. The topic of my research is "childhood trauma as a mediator between attachment styles and psychological distress among patients of functional neurological symptom disorder" which is going to be conducted under the supervision of Dr. Masha Asad Khan, Associate Professor (Dept. of Psychology) who can be contacted at Masha.khan@kinnaird.edu.pk.
> i would like to use and print your scale of childhood traumatic events under the following conditions:
> I will use the scale only for my research study and will not sell it or use it with any compensated or curriculum development activities.
> I will include the copyright statement on all the copies of the scale.
> Kindly provide me the complete scale along with the scoring key, interpretation criteria and psychometric properties (reliability and validity).
> Anxiously waiting for your response and thanking you in anticipation.
> Best regards,
>
> yours truly,
> Umme Izza
> Ummeizza@gmail.com

--
Regents Centennial Professor
Department of Psychology, Univ of Texas at Austin, 78712
Website

Izza Bajwa <izzabajwa@gmail.com> Wed, Aug 17, 2022 at 10:42 PM
To: jwpennebaker@gmail.com

Thank you Sir.
[Quoted text hidden]

اجِازت نامہ

تحقیق میں شرکت کرنے والوں کے نام -------.

تاریخ .

براہ مہربانی نیچے دیے گئے خانوں پر نشان لگائیں -

1- میں اس بات کی تصدیق کرتا /کرتی ہوں کہ میں نے شرکت کنندہ کی معلوماتی شیٹ اچھی طرح پڑھ لی ہے.

2- مجھے موقع فراہم کیا گیا ہے کہ میں معلومات کو سمجھ لوں اور ان سے متعلق سوال کر سکوں.

3- کنندہ نے مجھے تحقیق کی نوعیت، مقصد اور اس کا ممکنہ عرصہ اور یہ کہ مجھے کیا کر نا ہے اچھی طرح سے سمجھا دیا ہے.

4- اپنی مرضی سے اس تحقیق میں شرکت کر رہا ہوں /کر رہی ہوں اور میں یہ سمجھتا /سمجھتی ہوں کہ میں کسی بھی وقت اس تحقیق کو چھوڑ نے کے لئے آزاد ہوں. اور اس کی وجہ سے میرے قانونی حقوق متاثر نہیں ہوں گے

5- میں اس تحقیق میں حصہ لینے کے لئے تیار ہوں.

میں کنییرڈ کالج لاہور میں ایم-ایس کلینیکل سائیکالوجی کی طالبہ ہوں۔ آپ سے اس تحقیق میں تعاون کی درخواست کی گئی ہے ۔یہ تحقیق ڈاکٹر مشا اسد خان (پروفیسر) کے زیر نگرانی کی جا رہی ہے اس تحقیق میں شرکت کیلئے ضروری ہے کہ آپ کو اس کے متعلق چار باتیں معلوم ہوں۔براہ مہربانی اس شیٹ کو غور سے پڑھیں۔

1. **تحقیق کا مقصد**

یہ تحقیق یہ معلوم کرنے کے لیے کی جا رہی ہے کہ منسلک ہونے کے مختلف طرزیں، بچپن کے صدمے اور نفسیاتی پریشانی فنکشنل نیورولوجکل ڈسارڈر مریضوں کو کیسے متاثر کرتے ہیں اور ایک دوسرے سے کیسے منسلک ہیں.

2- آپ کو کیا کرنا ہو گا.

اس تحقیق میں آپ کو 3 سوال نامے حل کرنے ہوں گے جس کے لیے آپ کو 15-20 منٹ درکار ہوں گے ۔اگر آپ اس تحقیق میں حصہ لینے کے لئے رضا مند ہوں گے تو آپ سے ایک اجازت نامے پہ دستخط لئے جائیں گے۔میں آپ کو یقین دالتی ہوں کہ آپ کی فراہم کی گئی معلومات صرف تعلیمی اور تحقیقی مقصد کے لئے استعمال کی کی فراہم کی گئی معلومات صرف تعلیمی اور تحقیقی مقصد کے لئے استعمال کی جائیں گی اور انہیں راز میں رکھا جائے گا.

3. **آپ کے حقوق**

آپ کی اس تحقیق میں شرکت رضاکرانا ہے کہ اس شرکت کی آپ کو رقم نہیں دی جائے گی اور نہ آپ کو دینی پڑیگی آپ بغیر کسی جرمانے کے کسی بھی وقت شرکت سے دستبردار ہو سکتے ہیں.

4. **کس سے رابطہ کرنا ہے**

تحقیق سے متعلق تمام سوالات (اگر کوئی ہے)کا جواب لینے کے لئے مجھ سے رابطہ کر سکتے ہیں.

ذاتی کوائف نامہ

درج ذیل میں سے موزوں ترین آپشن کا انتخاب کریں۔

عمر:_____ سال

جنس:

مرد/عورت

تعلیم:

ان پڑھ/پرائمری/ مڈل/ میٹرک/ انٹرمیڈیٹ/ بیچلرز

مذہب:

اسلام/ عیسائیت/ کوئی اور

ازدواجی حیثیت:

شادی شدہ/ غیر شادی شدہ/ طلاق یافتہ

بچوں کی کل تعداد: __________

خاندانی نظام:

مشترکہ/ انفرادی

بچپن کے تکلیف دہ واقعات کا پیمانہ

پوچھے گئے سوالات میں سے ہر سوال کا متعلقہ جواب دیں۔ ہر جواب ایمانداری سے دیا جائے۔ ہر سوال سے مراد کسی ایسے واقعے کی طرف اشارہ ہے جسکا تجربہ آپ نے سترہ سال کی عمر سے پہلے کیا ہو ۔

1. 17 سال کی عمر سے پہلے کیا آپ کو اپنے کسی قریبی دوست یا گھر والے کی موت کا تجربہ ہوا تھا؟_______________ اگر ہوا تھا تو اس وقت آپ کی عمر کیا تھی؟__________________ اگر ہاں تو، یہ آپ کے لیے کس حد تک تکلیف دہ تھا؟ (7 نکاتی پیمانے کا استعمال کرتے ہوئے، ،(جہاں 1 = بالکل تکلیف دہ نہیں، 2 = تکلیف دہ نہیں, 3 = غیر جانبدار، 4 = کسی حد تک تکلیف دہ ، 5 = تکلیف دہ، 6 = بہت تکلیف دہ ، 7 = انتہائی تکلیف دہ)

اگر ہاں، تو آپ نے اس تکلیف دہ تجربے کو لے کر دوسروں پر کس حد تک یعقین/ اعتماد کیا ؟ (1 =بلکل بھی نہیں، 2 = نہیں، 3 = غیر جانبدار، 4 = کسی حد تک، 5 = اعتبار کیا، 6= بہت، 7 = انتہائی زیادہ)

2. 17 سال کی عمر سے پہلے، کیا آپ کے والدین کے درمیان کوئی بڑا تنازعہ ہوا تھا (جیسے طلاق، علیحدگی)؟__________ اگر ہاں، تو آپ کی عمر کتنی تھی؟__________

اگر ہاں تو، یہ آپ کے لیے کس حد تک تکلیف دہ تھا ؟ ،(جہاں 1 = بالکل تکلیف دہ نہیں، 2 = تکلیف دہ نہیں, 3 = غیر جانبدار، 4 = کسی حد تک تکلیف دہ ، 5 = تکلیف دہ، 6 = بہت تکلیف دہ ، 7 = انتہائی تکلیف دہ)

اگر ہاں، تو آپ نے اس معاملے میں دوسروں پر کس حد تک اعتماد کیا ؟ ،(1 =بلکل بھی نہیں، 2 = نہیں، 3 = غیر جانبدار، 4 = کسی حد تک، 5 = اعتبار کیا، 6= بہت، 7 = انتہائی زیادہ)

3. 17 سال کی عمر سے پہلے کیا آپ کو کوئی تکلیف دہ جنسی تجربہ ہوا جیسا کہ (ریپ، چھیڑ چھاڑ، وغیرہ)؟________ اگر ہاں، تو اس وقت آپ کی عمر کتنی تھی؟__________

اگر ہاں، تو یہ آپ کے لیے کتنا تکلیف دہ تھا؟ (جہاں 1 = بالکل تکلیف دہ نہیں، 2 = تکلیف دہ نہیں, 3 = غیر جانبدار، 4 = کسی حد تک تکلیف دہ ، 5 = تکلیف دہ، 6 = بہت تکلیف دہ ، 7 = انتہائی تکلیف دہ)

اگر ہاں، تو آپ نے اس معاملے میں دوسروں پر کس حد تک اعتماد کیا ؟ ،(1 =بلکل بھی نہیں، 2 = نہیں، 3 = غیر جانبدار، 4 = کسی حد تک، 5 = اعتبار کیا، 6= بہت، 7 = انتہائی زیادہ)

4. 17 سال کی عمر سے پہلے کیا آپ کسی بھی قسم کے تشدد کا شکار ہوئے جیسا کہ (بچوں کے ساتھ بد سلوکی، یا چھیڑ چھاڑ یا حملہ کیا گیا ہو -- جنسی کے علاوہ)؟_______ اگر ہاں ، تو اس وقت آپ کی عمر کتنی تھی؟_______

اگر ہاں، تو یہ آپ کے لیے کس حد تک تکلیف دہ تھا ؟ ،(جہاں 1 = بالکل تکلیف دہ نہیں، 2 = تکلیف دہ نہیں, 3 = غیر جانبدار، 4 = کسی حد تک تکلیف دہ ، 5 = تکلیف دہ، 6 = بہت تکلیف دہ ، 7 = انتہائی تکلیف دہ)

اگر ہاں، تو آپ نے اس معاملے کو لے کر دوسروں پر کس حد تک اعتماد کیا ؟ ،(1 =بلکل بھی نہیں، 2 = نھیں، 3 = غیر جانبدار، 4 = کسی حد تک، 5 = اعتبار کیا، 6= بہت، 7 = انتہائی زیادہ)

5. 17 سال کی عمر سے پہلے کیا آپ کبھی سخت بیماریا بری طرح زخمی ہوئے ؟_______ اگر ہاں، تو اس وقت آپ کی عمر کیا تھی ؟_________

اگر ہاں، تو یہ آپ کے لیے کس حد تک تکلیف دہ تھا ؟ ،(جہاں 1 = بالکل تکلیف دہ نہیں، 2 = تکلیف دہ نہیں, 3 = غیر جانبدار، 4 = کسی حد تک تکلیف دہ ، 5 = تکلیف دہ، 6 = بہت تکلیف دہ ، 7 = انتہائی تکلیف دہ)

اگر ہاں، تو آپ نے اس معاملے میں دوسروں پر کس حد تک اعتماد کیا ؟ ،(1 =بلکل بھی نہیں، 2 = نھیں، 3 = غیر جانبدار، 4 = کسی حد تک، 5 = اعتبار کیا، 6= بہت، 7 = انتہائی زیادہ)

6. 17 سال کی عمر سے پہلے کیا آپ نے کبھی آپ کسی بڑے حادثے/واقعے کا تجربہ کیا جسکے بارے میں آپ کا خیال ہو کہ اس نے آپ کی شخصیت یا زندگی کو نمایاں طور پر بدل کر رکھ دیا ہو ؟________ اگر ہاں؟ تو وہ کونسا موقع تھا؟_________________

اگر ہاں ، تو یہ آپ کے لیے کس حد تک تکلیف دہ تھا ؟ ،(جہاں 1 = بالکل تکلیف دہ نہیں، 2 = تکلیف دہ نہیں, 3 = غیر جانبدار، 4 = کسی حد تک تکلیف دہ ، 5 = تکلیف دہ، 6 = بہت تکلیف دہ ، 7 = انتہائی تکلیف دہ)

اگر ہاں، تو آپ نے اس معاملے میں دوسروں پر کس حد تک اعتماد کیا ؟ ،(1 =بلکل بھی نہیں، 2 = نھیں، 3 = غیر جانبدار، 4 = کسی حد تک، 5 = اعتبار کیا، 6= بہت، 7 = انتہائی زیادہ)

مندرجہ ذیل چار عمومی تعلقات کی طرزیں ہیں جن کی لوگ اکثر اطلاع دیتے ہیں۔ اس انداز کے مطابق خط کے آگے ایک چیک مارک لگائیں جو آپ کو بہترین انداز میں بیان کرتا ہے یا آپ جس طرح سے ہیں اس کے قریب ترین ہے۔

____A - یہ میرے لیے بہت آسان ہے کہ میں جذباتی طور پر دوسرے لوگوں ک قریب ہو جاؤں ۔ میں بہت مطمئن ہوتی ہوں جب میں ان پر انحصار کروں اور وہ مجھ پر ۔ مجھے بلکل بھی پریشانی نہیں ہوتی اگر میں اکیلی ہوں یا دوسرے مجھے قبول نہ کریں۔

____B . مجھے دوسروں کے قریب ہونے میں دقت محسوس ہوتی ہے ۔ میں چاہتی ہوں کہ میری زندگی میں جذباتی تعلقات ہوں لیکن میرے لیے دوسروں پر اعتبار کرنا مشکل ہے اور انحصار کرنا بھی۔ مجھے لگتا ہے کہ میں اپنے آپ کو چوٹ پہنچاؤ گی اگر میں دوسروں کے قریب ہو جاؤں گی ۔

____C . میں دوسروں کے ساتھ مکمل طور پر جذباتی تعلق رکھنا چاہتا/چاہتی ہوں، لیکن میں اکثر محسوس کرتا/کرتی ہوں کہ جیسا میں چاہتا/چاہتی ہوں دوسرے میرے ساتھ ویسا تعلق نہیں رکھنا چاہتے۔ مجھے قریبی رشتوں کے بغیر تکلیف ہوتی ہے، لیکن میں کبھی کبھی فکرمند رہتا/ رہتی ہوں کہ دوسرے میری اتنی قدر نہیں کرتے جتنی میں ان کی قدر کرتا/کرتی ہوں۔

____D . میں قریبی جذباتی تعلقات کے بغیر پرسکون محسوس کرتا/ کرتی ہوں۔ میرے لیے یہ بہت ضروری ہے کہ میں خود مختار اور خود کفیل محسوس کروں، اور میں ترجیح دیتا/دیتی ہوں کہ میں دوسروں پر انحصار نہ کروں اور نہ ہی وہ مجھ پر انحصار کریں۔

اب براہ کرم اوپر دیے گئے ہر تعلق کے انداز کی درجہ بندی کریں تاکہ اس بات کی نشاندہی کی جا سکے کہ ہر ایک تفصیل آپ کے عمومی تعلقات کے انداز سے کتنی اچھی طرح ملتی ہے-

اندازA

7	6	5	4	3	2	1
متفق			غير جانبدار			غير متفق

اندازB

7	6	5	4	3	2	1
متفق			غير جانبدار			غير متفق

اندازC

7	6	5	4	3	2	1
متفق			غير جانبدار			غير متفق

اندازD

7	6	5	4	3	2	1
متفق			غير جانبدار			غير متفق

کیسلر نفسیاتی پریشانی کا پیمانہ (10**K**)

براہ کرم اس جواب پر نشان لگائیں جو آپ کے لیے درست ہے:	ہر وقت (اسکور 5)	زیادہ تر وقت (اسکور 4)	کچھ وقت (اسکور 3	تھوڑا سا وقت (اسکور 2)	کسی بھی وقت نہیں (اسکور 1)
1. پچھلے 4 ہفتوں میں، آپ نے کتنی بار بغیر کسی معقول وجہ کے تھکاوٹ محسوس کی؟					
2. پچھلے 4 ہفتوں میں، آپ نے کتنی بار گھبراہٹ محسوس کی؟					
3. پچھلے 4 ہفتوں میں، آپ نے کتنی بار اتنا گھبراہٹ محسوس کی کہ کوئی چیز آپ کو پرسکون نہ کر سکی؟					
4. پچھلے 4 ہفتوں میں، آپ نے کتنی بار نا امید محسوس کیا؟					
5. پچھلے 4 ہفتوں میں، آپ نے کتنی بار بے چین محسوس کیا؟					
6. پچھلے 4 ہفتوں میں، کتنی بار آپ نے اتنا بے چین محسوس کیا کہ آپ خاموش نہیں بیٹھ سکتے؟					
7. پچھلے 4 ہفتوں میں، آپ نے کتنی بار اداس محسوس کیا؟					
8. پچھلے 4 ہفتوں میں، آپ نے کتنی بار محسوس کیا کہ سب کچھ ایک کوشش ہے؟					
9. پچھلے 4 ہفتوں میں، آپ نے کتنی بار اتنا اداس محسوس کیا کہ کوئی چیز آپ کو خوش نہیں کر سکی؟					
10. پچھلے 4 ہفتوں میں، آپ نے کتنی بار بیکار محسوس کیا؟					

Izza Bajwa <ummeizza@gmail.com>

Request for Translation of Scale

Amna Aslam<amna.aslam51@yahoo.com> Wed, Aug 24, 2022 at 6:56 PM
To: Izza Bajwa <ummeizza@gmail.com>

Dear Umme Izza Bajwa,

Thank you for reaching out to me regarding the translation. I have completed the translation of both tools into Urdu following the MAPI Guidelines. Please let me know if you have any further questions or if you need any additional assistance. I am happy to help in any way that I can.

Best regards,

Amna Aslam
[Quoted text hidden]
--

Urdu translation of RQ.pdf
519K

مندرجہ ذیل چار عمومی تعلقات کی طرزیں ہیں جن کی لوگ اکثر اطلاع دیتے ہیں۔ اس انداز کے مطابق خط کے آگے ایک چیک مارک لگائیں جو آپ کو بہترین انداز میں بیان کرتا ہے یا آپ جس طرح سے ہیں اس کے قریب ترین ہے۔

____A . میرے لیے جذباتی طور پر دوسروں کے قریب ہونا آسان ہے۔ میں ان پر انحصار کرنے میں آرام دہ ہوں اور ان کا مجھ پر انحصار کرنا۔ مجھے اکیلے رہنے یا دوسروں کے مجھے قبول نہ کرنے کی فکر نہیں ہے۔

____B . میں دوسروں کے قریب ہونے میں بے چینی محسوس کرتا ہوں۔ میں جذباتی طور پر قریبی تعلقات چاہتا ہوں، لیکن مجھے دوسروں پر مکمل اعتماد کرنا، یا ان پر انحصار کرنا مشکل لگتا ہے۔ مجھے فکر ہے کہ اگر میں خود کو دوسروں کے بہت قریب ہونے دیتا ہوں تو مجھے تکلیف ہو گی۔

____C . میں دوسروں کے ساتھ مکمل طور پر جذباتی طور پر مباشرت کرنا چاہتا ہوں، لیکن میں اکثر دیکھتا ہوں کہ دوسرے لوگ میری مرضی کے مطابق قریب آنے سے گریزاں ہیں۔ میں قریبی رشتوں کے بغیر ناخوشگوار ہوں، لیکن مجھے کبھی کبھی فکر ہوتی ہے کہ دوسرے میری اتنی قدر نہیں کرتے جتنی میں ان کی قدر کرتا ہوں۔

____D . میں قریبی جذباتی رشتوں کے بغیر آرام دہ ہوں۔ خود مختار اور خود کفیل محسوس کرنا میرے لیے بہت اہم ہے، اور میں دوسروں پر انحصار نہ کرنا یا دوسروں کو مجھ پر انحصار کرنے کو ترجیح دیتا ہوں۔

اب براہ کرم اوپر دیے گئے ہر تعلق کے انداز کی درجہ بندی کریں تاکہ اس بات کی نشاندہی کی جا سکے کہ ہر ایک تفصیل آپ کے عمومی تعلقات کے انداز سے کتنی اچھی یا خراب ہے۔

A انداز

7	6	5	4	3	2	1
سختی سے متفق			غیر جانب دار			غیر متفق

B انداز

7	6	5	4	3	2	1
سختی سے متفق			غیر جانب دار			غیر متفق

C انداز

7	6	5	4	3	2	1
سختی سے متفق			غیر جانب دار			غیر متفق

D انداز

7	6	5	4	3	2	1
سختی سے متفق			غیر جانب دار			غیر متفق

بچپن کے تکلیف دہ واقعات کا پیمانہ۔

مندرجہ ذیل سوالات کیلئے ہر اس سوال کا جواب دیں جو متعلقہ ہو۔ ہر سوال کا جواب ایمانداری سے دیں۔ مندرجہ ذیل ہر سوال کسی نہ کسی واقعے سے متعلق ہے جس کا آپ نے 17 سال کی عمر سے پہلے ہو سکتا ہے تجربہ کیا ہو۔

1) 17 سال کی عمر سے پہلے کیا آپ کو کسی قریبی دوست یا خاندان کے فرد کے انتقال کا تجربہ ہوا؟ اگر ہاں تو اس وقت آپ کتنے برس کے تھے؟ ____ اور یہ تجربہ آپ کیلئے کتنا تکلیف دہ تھا؟

(1 = بالکل بھی نہیں، ۴ = غیر جانبدار، 7 = انتہائی تکلیف دہ)۔

آپ نے اس تکلیف دہ تجربے کو لے کر لوگوں پر کتنا بھروسہ کیا؟ (1 = بالکل بھی نہیں، ۴ = غیر جانبدار، 7 = بہت زیادہ)۔

(2) 17 سال کی عمر سے قبل، کیا آپ کے والدین کے
بیچ کوئی بڑا تنازعہ پیش آیا تھا؟ جیسے کہ
طلاق وغیرہ؟ اگر ہاں تو اس وقت آپ
کی عمر کیا تھی؟ ______
یہ آپ کیلئے کتنا تکلیف دہ تھا؟ (1 = بالکل بھی
نہیں، ۴ = غیر جانبدار، 7 = انتہائی تکلیف دہ)۔

اس واقعے کو لے کر آپ نے لوگوں پر کتنا بھروسہ کیا؟
(1 = بالکل بھی نہیں، ۴ = غیر جانبدار، 7 = بہت زیادہ)

(3) 17 برس کی عمر سے پہلے کیا آپ کسی جنسی تکلیف
کا شکار ہوئے؟ اگر ہاں تو اس وقت آپ کتنے
برس کے تھے؟ ______ یہ تجربہ آپ کیلئے کتنا
تکلیف دہ تھا؟ (1 = بالکل بھی نہیں،
۴ = غیر جانبدار، 7 = انتہائی تکلیف دہ)۔

اس تجربے کو لے کر آپ نے لوگوں پر کتنا بھروسہ کیا؟
(1 = بالکل بھی نہیں، ۴ = جانبدار، 7 =
بہت زیادہ)۔

(4) 17 برس کی عمر سے پہلے کیا آپ جنسی کے علاوہ کسی اور تشدد کا شکار ہوئے؟ اگر ہاں تو اس وقت آپ کتنے برس کے تھے؟ ___ یہ تجربہ آپ کیلئے کتنا تکلیف دہ تھا؟ (1 = بالکل بھی نہیں، 4 = غیر جانبدار، 7 = انتہائی تکلیف دہ)۔

آپ نے اس تجربے کو لے کر لوگوں پر کتنا بھروسہ کیا؟ (1 = بالکل بھی نہیں، 4 = غیر جانبدار، 7 = بہت زیادہ)۔

(5) 17 برس کی عمر سے پہلے کیا آپ کبھی بے حد زخمی یا بیمار ہوئے؟ اگر ہوئے تو اس وقت آپ کتنے برس کے تھے؟ ___ یہ تجربہ آپ کیلئے کتنا تکلیف دہ تھا؟ (1 = بالکل بھی نہیں، 4 = غیر جانبدار، 7 = انتہائی تکلیف دہ)۔

اس تجربے کو لے کر آپ نے لوگوں پر کتنا بھروسہ کیا؟ (1 = بالکل بھی نہیں، 4 = غیر جانبدار، 7 = بہت زیادہ)۔

(7) 17 برس کی عمر سے پہلے کیا آپ نے کسی بڑے واقعے
کا تجربہ کیا جس کی بدولت آپ کی زندگی اور
شخصیت متاثر ہوئی ہو؟ وہ تجربہ کیا تھا؟
______ اور اس وقت آپ کتنے برس کے
تھے؟ ______

وہ موقع آپ کیلئے کتنا دہ تکلیف دہ تھا؟
(1 = بالکل بھی نہیں، 4 = غیر جانبدار اور 7 = انتہائی
تکلیف دہ) -

اس واقعے کو لے کر آپ نے لوگوں پر کتنا بھروسہ کیا؟
(1 = بالکل بھی نہیں، 4 = غیر جانبدار
7 = بہت زیادہ) -

Izza Bajwa <ummeizza@gmail.com>

Request for Translation of Scale

Uzma Khadija <uzma.khadija16@gmail.com> Thu, Sep 01, 2022 at 4:11 PM
To: Izza Bajwa <ummeizza@gmail.com>

Please find attached translations.

Regards,

Uzma Khadija

[Quoted text hidden]

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2 attachments

Translation2.pdf
217K

Translation.pdf
1960K

مندرجہ ذیل چار عمومی تعلقات کی طرزیں ہیں جن کی لوگ اکثر اطلاع دیتے ہیں۔ اس انداز کے مطابق خط کے آگے ایک چیک مارک لگائیں جو آپ کو بہترین انداز میں بیان کرتا ہے یا آپ جس طرح سے ہیں اس کے قریب ترین ہے۔

____A - یہ میرے لیے بہت آسان ہے کہ میں جذباتی طور پر دوسرے لوگوں ک قریب ہو جاؤں ۔ میں بہت مطمئن ہوتی ہوں جب میں ان پر انحصار کروں اور وہ مجھ پر ۔ مجھے بلکل بھی پریشانی نہیں ہوتی اگر میں اکیلی ہوں یا دوسرے مجھے قبول نہ کریں۔

____B . مجھے دوسروں کے قریب ہونے میں دقت محسوس ہوتی ہے ۔ میں چاہتی ہوں کہ میری زندگی میں جذباتی تعلقات ہوں لیکن میرے لیے دوسروں پر اعتبار کرنا مشکل ہے اور انحصار کرنا بھی۔ مجھے لگتا ہے کہ میں اپنے آپ کو چوٹ پہنچاؤ گی اگر میں دوسروں کے قریب ہو جاؤں گی ۔

____C . میں دوسروں کے ساتھ مکمل طور پر جذباتی تعلق رکھنا چاہتا/چاہتی ہوں، لیکن میں اکثر محسوس کرتا/کرتی ہوں کہ جیسا میں چاہتا/چاہتی ہوں دوسرے میرے ساتھ ویسا تعلق نہیں رکھنا چاہتے۔ مجھے قریبی رشتوں کے بغیر تکلیف ہوتی ہے، لیکن میں کبھی کبھی فکرمند رہتا/ رہتی ہوں کہ دوسرے میری اتنی قدر نہیں کرتے جتنی میں ان کی قدر کرتا/کرتی ہوں۔

____D . میں قریبی جذباتی تعلقات کے بغیر پرسکون محسوس کرتا/ کرتی ہوں۔ میرے لیے یہ بہت ضروری ہے کہ میں خود مختار اور خود کفیل محسوس کروں، اور میں ترجیح دیتا/دیتی ہوں کہ میں دوسروں پر انحصار نہ کروں اور نہ ہی وہ مجھ پر انحصار کریں۔

اب براہ کرم اوپر دیے گئے ہر تعلق کے انداز کی درجہ بندی کریں تاکہ اس بات کی نشاندہی کی جا سکے کہ ہر ایک تفصیل آپ کے عمومی تعلقات کے انداز سے کتنی اچھی طرح ملتی ہے-

اندازA

7	6	5	4	3	2	1
متفق			غير جانبدار			غير متفق

اندازB

7	6	5	4	3	2	1
متفق			غير جانبدار			غير متفق

اندازC

7	6	5	4	3	2	1
متفق			غير جانبدار			غير متفق

اندازD

7	6	5	4	3	2	1
متفق			غير جانبدار			غير متفق

پوچھے گئے سوالات میں سے ہر سوال کا متعلقہ جواب دیں۔ ہر جواب ایمانداری سے دیا جائے۔ ہر سوال سے مراد کسی ایسے واقعے کی طرف اشارہ ہے جسکا تجربہ آپ نے سترہ سال کی عمر سے پہلے کیا ہو۔

1- سترہ سال کی عمر سے پہلے کیا آپ کو اپنے کسی قریبی دوست یا گھر والے کی موت کا تجربہ ہوا ہے؟_______________ اگر ہوا ہے تو بتائیے۔ اس وقت آپ کی عمر کیا تھی؟___________________ اگر جواب مثبت ہے تو، یہ آپ کے لیے کس حد تک تکلیف دہ تھا؟________________________ (7 درجہ اسکیل کا استعمال کرتے ہوئے، یہ میرے لیے بالکل بھی تکلیف دہ نہیں تھا= (1)، کچھ حد تک تکلیف دہ تھا = (4)، انتہائی تکلیف دہ تھا=(7)۔

اگر ہاں، تو آپ اس تکلیف دہ تجربے کے بارے میں کسی دوسرے پر کس حد تک یعقین/ اعتماد کر سکتے ہیں؟

بلکل نہیں=(1) ، اچھی کاری مقدار =(7) ______________________

2- ستر ہ سال کی عمر سے پہلے کیا آپ کے والدین کے درمیان کوئی بہت بڑی لڑائی ہوئی؟ (جیسا کہ طلاق، علیحدگی وغیرہ)_______________۔ اگر ہاں، اس وقت آپ کی عمر کیا تھی؟___________________ اگر ہاں، تو یہ آپ کے لیے کس حد تک تکلیف دہ مرحلہ تھا؟ (انتہائی تکلیف دہ = (7) درجہ کے مطابق)____________________

اگر ہاں، تو آپ اس معاملے میں دوسروں پر کس حد تک اعتماد کر سکتے ہیں؟ (ایک اچھی کاری مقدار=درجہ(7) ہے۔ ______________________

3- سترہ سال کی عمر سے پہلے کیا آپ کو کوئی تکلیف دہ جنسی تجربہ ہوا جیسا کہ (زیاددتی چھیڑ چھاڑ وغیرہ) _______________ اگر ہاں، تو اس وقت آپ کی عمر کتنی تھی؟ اگر ہاں، تو یہ آپ کے لیے کتنا تکلیف دہ تھا؟ _______________ انتہائی تکلیف دہ = (درجہ (7) کے مطابق)______________________

اگر ہاں، تو آپ اس معاملے میں کس حد تک دوسروں پر اعتماد کر سکتے ہیں؟(ایک اچھی کاری مقدار =7)______________

4- سترہ سال کی عمر سے پہلے کیا آپ کسی بھی قسم جنسی کے علاوہ کتنی اور تشدد کا شکار ہوئے جیسا کہ (بچوں کے ساتھ بد سلوکی، کچھ چھینا یا مارا گیا ہو؟ ____________ اگر ہاں ، تو اس وقت آپ کی عمر کتنی تھی؟____________ اگر ہاں، تو یہ آپ کے لیا کس حد تک تکلیف دہ تھا؟________________ انتہائی تکلیف دہ = (درجہ 7 کے مطابق)__________________ اگر ہاں، تو آپ اس معاملے میں کس حد تک دوسروں پر اعتماد کر سکتے ہیں؟ ____________ (اچھی کاری مقدار =درجہ 7)

5- سترہ سال کی عمر سے پہلے کیا آپ کبھی سخت بیماریا بری طرح زخمی ہوئے؟ ______________ اگر ہاں، تو اس وقت آپ کی عمر کیا تھی؟______________ اگر ہاں، تو یہ آپ کے لیے کس حد تک تکلیف دہ تھا؟ (انتہائی تکلیف دہ =درجہ تک7) اگر ہاں، آپ اس معاملے میں دوسروں پر کس حد تک اعتمادکر سکتے ہیں؟ ___________ (ایک اچھی کاری مقدار = درجہ7)

6- سترہ سال کی عمر سے پہلے۔ کیا کبھی آپ ایسے بڑے حادثے کا تجربہ ہوا جسکے بارے میں آپ کا خیال ہو کہ اس نے آپ کی شخصیت کو بدل کر رکھ دیا یا شخصیت کی نئی طرز سے تکمیل کی ہو؟___________________ اگر ہاں؟ تو وہ کونسا موقع تھا؟ _______________ اگر ہاں ، تو یہ آپ کے لیے کس حد تک تکلیف دہ تھا؟ ____________ (انتہائی تکلیف دہ = درجہ7) اگر ہاں، آپ اس معاملے میں دوسروں پر کس حد تک یعقین کر سکتے ہیں؟_______________ (ایک اچھی کاری مقدار = درجہ7)

Izza Bajwa <ummeizza@gmail.com>

Request for Translation of Scale

Kinza Nafees <kinza.nafees@gmail.com> Mon, Aug 22, 2022 at 9:01 PM
To: Izza Bajwa <ummeizza@gmail.com>

Please find attached the Urdu translations of both tools. If you have any questions or concerns regarding the translation, please do not hesitate to contact me.

Sincerely,

Kinza Nafees

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2 attachments

Urdu translation II.pdf
82K

Urudu translation.pdf
162K

تعلقات کے چار عمومی انداز جو لوگ اکثر رپورٹ کرتے ہیں، وہ درج ذیل ہیں۔ اس بیان کے سامنے نشان لگائیں جو آپ کو بہترین انداز میں بیان کرتا ہے یا آپ کے انداز کے قریب ترین ہے۔

1۔ میرے لیے جذباتی طور پر دوسروں کے قریب ہونا آسان ہے۔ میں اپنے قریبی لوگوں پر پر اطمینان طریقے سے انحصار کرتا//کرتی ہوں اور وہ مجھ پر انحصار کرتے ہیں۔ مجھے اکیلے رہنے یا دوسروں کے مجھے قبول نہ کرنے کی فکر نہیں ہے۔

2۔ مجھے دوسروں کے قریب جانے میں مشکل آتی ہے۔ میں جذباتی طور پر قریبی تعلقات چاہتا/چاہتی ہوں۔ لیکن مجھے دوسروں پر مکمل بھروسہ کرنا، یا ان پر انحصار کرنا مشکل لگتا ہے۔ مجھے فکر ہے کہ اگر میں خود کو دوسروں کے قریب ہونے کی اجازت دیتا/دیتی ہوں تو مجھے تکلیف ہو گی۔

3۔ میں دوسروں کے ساتھ مکمل طور پر جذباتی تعلق رکھنا چاہتا/چاہتی ہوں، لیکن میں اکثر محسوس کرتا/کرتی ہوں کہ جیسا میں چاہتا/چاہتی ہوں دوسرے میرے ساتھ ویسا تعلق نہیں رکھنا چاہتے۔ مجھے قریبی رشتوں کے بغیر تکلیف ہوتی ہے، لیکن میں کبھی کبھی فکرمند رہتا/ رہتی ہوں کہ دوسرے میری اتنی قدر نہیں کرتے جتنی میں ان کی قدر کرتا/کرتی ہوں۔

4۔ میں قریبی جذباتی تعلقات کے بغیر پرسکون محسوس کرتا/ کرتی ہوں۔ میرے لیے یہ بہت ضروری ہے کہ میں خود مختار اور خود کفیل محسوس کروں، اور میں ترجیح دیتا/دیتی ہوں کہ میں دوسروں پر انحصار نہ کروں اور نہ ہی وہ مجھ پر انحصار کریں۔

براہ کرم اوپر دیے گئے ہر تعلق کے انداز کی درجہ بندی کریں تاکہ یہ ظاہر کیا جا سکے کہ ہر بیان کتنا اچھے طریقے سے آپ کے عمومی تعلقات کے انداز سے مطابقت رکھتا ہے۔

پہلا طریقہ

1	2	3	4	5	6	7
مکمل طور پر غیر متفق			نہ متفق نہ غیر متفق			مکمل طور پر متفق

دوسرا طریقہ

1	2	3	4	5	6	7
مکمل طور پر غیر متفق			نہ متفق نہ غیر متفق			مکمل طور پر متفق

تیسرا طریقہ

1	2	3	4	5	6	7
مکمل طور پر غیر متفق			نہ متفق نہ غیر متفق			مکمل طور پر متفق

چوتھا طریقہ

1	2	3	4	5	6	7
مکمل طور پر غیر متفق			نہ متفق نہ غیر متفق			مکمل طور پر متفق

تمام محققین توجہ فرمائیں: آپ کو اس سوالنامے کو اپنی پسند کے مطابق استعمال کرنے کی اجازت ہے۔ اسکورنگ کی کوئی کلید نہیں ہے۔ کوئی اصول نہیں ہیں۔ آپ اسے جس طرح چاہیں اسکور کر سکتے ہیں۔

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بچپن کے تکلیف دہ واقعات کا پیمانہ

درج ذیل سوالات کے لیے، ہر اس شے کا جواب دیں جو متعلقہ ہو۔ جتنا ہو سکے ایماندار رہو۔ ہہر سوال کا حوالہ کسی بھی ایسے واقعے سے ہوتا ہے جس کا آپ نے 17 سال کی عمر سے پہلے تجربہ کیا ہو۔

1. 17 سال کی عمر سے پہلے، کیا آپ نے کسی انتہائی قریبی دوست یا خاندان کے رکن کی موت کا تجربہ کیا تھا؟_________ اگر ہاں، تو آپ کی عمر کتنی تھی؟__________

اگر ہاں، تو یہ کتنا تکلیف دہ تھا؟ (7 نکاتی پیمانے کا استعمال کرتے ہوئے، جہاں 1 = بالکل تکلیف دہ نہیں، 4 = کسی حد تک تکلیف دہ، 7 = انتہائی تکلیف دہ)__________

اگر ہاں، تو اس وقت آپ نے اس تکلیف دہ تجربے کے بارے میں دوسروں پر کتنا اعتماد کیا؟ ،(جہاں 1 = بالکل تکلیف دہ نہیں، 4 = کسی حد تک تکلیف دہ، 7 = انتہائی تکلیف دہ) __________

2. 17 سال کی عمر سے پہلے، کیا آپ کے والدین کے درمیان کوئی بڑا تنازعہ ہوا تھا (جیسے طلاق، علیحدگی)؟_________ اگر ہاں، تو آپ کی عمر کتنی تھی؟_________

اگر ہاں، یہ کتنا تکلیف دہ تھا؟ ،(جہاں 1 = بالکل تکلیف دہ نہیں، 4 = کسی حد تک تکلیف دہ، 7 = انتہائی تکلیف دہ)_______

اگر ہاں، تو آپ نے دوسروں پر کتنا اعتماد کیا؟ ،(جہاں 1 = بالکل تکلیف دہ نہیں، 4 = کسی حد تک تکلیف دہ، 7 = انتہائی تکلیف دہ)________

3. 17 سال کی عمر سے پہلے، کیا آپ کو تکلیف دہ جنسی تجربہ ہوا تھا (ریپ، چھیڑ چھاڑ، وغیرہ)؟________ اگر ہاں، تو آپ کی عمر کتنی تھی؟________

اگر ہاں، تو یہ کتنا تکلیف دہ تھا؟(جہاں 1 = بالکل تکلیف دہ نہیں، 4 = کسی حد تک تکلیف دہ، 7 = انتہائی تکلیف دہ)________

اگر ہاں، تو آپ نے دوسروں پر کتنا اعتماد کیا؟ ،(جہاں 1 = بالکل تکلیف دہ نہیں، 4 = کسی حد تک تکلیف دہ، 7 = انتہائی تکلیف)________

4. 17 سال کی عمر سے پہلے، کیا آپ تشدد کا شکار تھے (بچوں کے ساتھ بدسلوکی، چھیڑ چھاڑ یا حملہ کیا گیا --

جنسی کے علاوہ)؟______ اگر ہاں، تو آپ کی عمر کتنی تھی؟_______

اگر ہاں، یہ کتنا تکلیف دہ تھا؟ ،(جہاں 1 = بالکل تکلیف دہ نہیں، 4 = کسی حد تک تکلیف دہ، 7 = انتہائی تکلیف دہ)________

اگر ہاں، تو آپ نے دوسروں پر کتنا اعتماد کیا؟ ،(جہاں 1 = بالکل تکلیف دہ نہیں، 4 = کسی حد تک تکلیف دہ، 7 = انتہائی تکلیف د)________

5. 17 سال کی عمر سے پہلے، کیا آپ انتہائی بیمار یا زخمی تھے؟______ اگر ہاں، تو آپ کی عمر کتنی تھی؟_________

اگر ہاں، تو یہ کتنا تکلیف دہ تھا؟ ،(جہاں 1 = بالکل تکلیف دہ نہیں، 4 = کسی حد تک تکلیف دہ، 7 = انتہائی تکلیف دہ)________

اگر ہاں، تو آپ نے دوسروں پر کتنا اعتماد کیا؟ ،(جہاں 1 = بالکل تکلیف دہ نہیں، 4 = کسی حد تک تکلیف دہ، 7 = انتہائی تکلیف دہ)__________

6. 17 سال کی عمر سے پہلے، کیا آپ کو کسی دوسری بڑی ہلچل کا سامنا کرنا پڑا جس کے بارے میں آپ کے خیال میں آپ کی زندگی یا شخصیت کو نمایاں طور پر تشکیل دیا گیا ہو؟________

اگر ہاں، توکیا واقعہ تھا؟____ اگر ہاں، تو یہ کتنا تکلیف دہ تھا؟ ،(جہاں 1 = بالکل تکلیف دہ نہیں، 4 = کسی حد تک تکلیف دہ، 7 = انتہائی تکلیف دہ)________

اگر ہاں، تو آپ نے دوسروں پر کتنا اعتماد کیا؟ ،(جہاں 1 = بالکل تکلیف دہ نہیں، 4 = کسی حد تک تکلیف دہ، 7 = انتہائی تکلیف د)_______

Izza Bajwa <ummeizza@gmail.com>

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request for backward translation of tool

Madiha Imran <madihaimran456@gmail.com> Thu, Sep 15, 2022 at 10:09 PM
To: Izza Bajwa <ummeizza@gmail.com>

Izza - The translations are attached to this email. Please feel free to reach out if you need any further translations or assistance related to your project.

Thanks & Regards,
Madiha Imran

[Quoted text hidden]

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2 attachments

Appendix B

The following are four general relationship styles that people report most often. Place a checkmark in front of the statement that best describes you or is closest to your style.

1. It is easy for me to be emotionally close to others. I trust the people close to me and they depend on me. I don't worry about being alone or not being accepted by others.

2. I find it difficult to get close to others. I want an emotionally close relationship. But I find it hard to fully trust, or depend on, others. I worry that if I allow myself to be close to others, I will be hurt.

3. I want to have full emotional connections with others, but I often feel that others don't want to connect with me the way I want them to. I feel bad without close relationships, but I sometimes worry that others don't value me as much as I value them.

4. I feel calmer without close emotional ties. It is very important to me to feel independent and self-sufficient, and I prefer not to be dependent on others or for them to depend on me.

Please rate each relationship style above to indicate how well each statement fits your general relationship style.

First method

1	2	3	4	5	6	7
strongly disagree			neither agree neither disagree			strongly agree

Another menthod

1	2	3	4	5	6	7
strongly disagree			neither agree neither disagree			strongly agree

تیسرا طریقہ

1	2	3	4	5	6	7
strongly disagree			neither agree neither disagree			strongly agree

چوتھا طریقہ

1	2	3	4	5	6	7
strongly disagree			neither agree neither disagree			strongly agree

Give the corresponding answer to each of the questions asked. Every answer should be given honestly. Each question refers to an event that you experienced before the age of seventeen.

1. Before age 17, did you experience the death of a close friend or family member? _______________ If so, how old were you at the time? _________________ If yes, how much did it affect you? Was it painful? _____________________ (using a 7-point scale, (where 1 = not painful at all, 2 = not painful, 3 = neutral, 4 = somewhat painful, 5 = painful, 6 = very painful, 7 = extremely painful) If yes, to what extent did you trust/trust others with this traumatic experience? (1 = Not at all, 2 = Not at all, 3 = Neutral, 4 = Somewhat, 5 = Believed, 6 = Very much, 7 = Extremely).
2. Before age 17, did your parents have a major conflict (e.g. divorce, separation)? __________

   If yes, how old were you? _________

   If yes, how painful was it for you? (where 1 = not painful at all, 2 = not painful, 3 = neutral, 4 = somewhat painful, 5 = painful, 6 = very painful, 7 = extremely painful).

   If yes, to what extent did you trust others in this matter? (1 = Not at all, 2 = Not at all, 3 = Neutral, 4 = Somewhat, 5 = Believed, 6 = Very, 7 = Extremely).
3. Before the age of 17, did you have a traumatic sexual experience such as (rape, molestation, etc.)? _________ If yes, how old were you then? _________

   If yes, how painful was it for you? (where 1 = not painful at all, 2 = not painful, 3 = neutral, 4 = somewhat painful, 5 = painful, 6 = very painful, 7 = extremely painful).

   If yes, to what extent did you trust others in this matter? (1 = Not at all, 2 = Not at all, 3 = Neutral, 4 = Somewhat, 5 = Believed, 6 = Very, 7 = Extremely).

4. Before the age of 17, were you a victim of any form of violence such as (child abuse, or molested or assaulted -- other than sexually)? ______ If yes, how old were you at that time ______?

If yes, how painful was it for you? (where 1 = not painful at all, 2 = not painful, 3 = neutral, 4 = somewhat painful, 5 = painful, 6 = very painful, 7 = extremely painful).

If yes, to what extent did you trust others regarding this matter? (1 = Not at all, 2 = Not at all, 3 = Neutral, 4 = Somewhat, 5 = Believed, 6 = Very, 7 = Extremely).

5. Before the age of 17, were you ever seriously ill or seriously injured? ______ If yes, how old were you at the time? ________

If yes, how painful was it for you? (where 1 = not painful at all, 2 = not painful, 3 = neutral, 4 = somewhat painful, 5 = painful, 6 = very painful, 7 = extremely painful).

If yes, to what extent did you trust others in this matter? (1 = Not at all, 2 = Not at all, 3 = Neutral, 4 = Somewhat, 5 = Believed, 6 = Very, 7 = Extremely).

6. Before the age of 17, did you ever experience a major accident/incident that you believe significantly changed your personality or life? _______ If yes? So what chance was that?

____

If yes, how painful was it for you? (where 1 = not painful at all, 2 = not painful, 3 = neutral, 4 = somewhat painful, 5 = painful, 6 = very painful, 7 = extremely painful).

If yes, to what extent did you trust others in this matter? (1 = Not at all, 2 = Not at all, 3 = Neutral, 4 = Somewhat, 5 = Believed, 6 = Very, 7 = Extremely)

Izza Bajwa <ummeizza@gmail.com>

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request for backward translation of tool

Mahnoor Javed <mahnoor.javed41@gmail.com> Mon, Sep 12, 2022 at 11:27 AM
To: Izza Bajwa <ummeizza@gmail.com>

Dear Izza,

Please find the translated documents attached to this email. I am hopeful that these translated materials will be beneficial to your research.
Should you need further assistance or if there are other tasks, you'd like me to undertake, please do not hesitate to ask.

Sincerely,
Mahnoor Javed

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2 attachments

Appendix B

The following are four common relationship styles that people often report. Put a check mark next to the letter that best describes you or comes closest to the way you are.

A. It is easy for me to be emotionally close to others. I am comfortable depending on them and them depending on me. I don't worry about being alone or not being accepted by others.

B. I feel uncomfortable being around others. I want emotionally close relationships, but I find it hard to fully trust, or depend on, others. I worry that if I let myself get too close to others, I will get hurt.

C. I want to be fully emotionally intimate with others, but I often find that others are reluctant to get as close as I want. I'm unhappy without close relationships, but I sometimes worry that others don't value me as much as I value them.

D. I am comfortable without close emotional ties. Feeling independent and self-sufficient is very important to me, and I prefer not to depend on others or have others depend on me.

Now please rate each relationship style listed above to indicate how well or poorly each description matches your general relationship style.

Style A

1	4	7
Disagree	Neutral	Strongly Agree

Style B

1	4	7
Disagree	Neutral	Strongly Agree

Style C

1	4	7
Disagree	Neutral	Strongly Agree

Style A

1	4	7
Disagree	Neutral	Strongly Agree

Scale of Childhood Traumatic Events

Please provide answers to each of the questions asked. Each answer should be given with honesty. Each question refers to an event that you experienced before the age of 17.

1. Did you experience the death of a close friend or family member before the age of 17? If yes, what was your age at that time? If yes, to what extent was this experience traumatic for you? (Using a scale of 1 to 7, where 1 = not at all traumatic, 2 = not very traumatic, 3 = somewhat neutral, 4 = somewhat traumatic, 5 = traumatic, 6 = very traumatic, 7 = extremely traumatic). If yes, to what extent did you trust others with the experience of this traumatic event? (Using a scale of 1 to 7, where 1 = not at all, 2 = not really, 3 = somewhat neutral, 4 = to some extent, 5 = trusted, 6 = very much, 7 = completely trusted).

2. Before the age of 17, did your parents have a major conflict (such as divorce or separation)? If yes, what was your age at that time? If yes, to what extent was this experience traumatic for you? (Using a scale of 1 to 7, where 1 = not at all traumatic, 2 = not very traumatic, 3 = somewhat neutral, 4 = somewhat traumatic, 5 = traumatic, 6 = very traumatic, 7 = extremely traumatic) If yes, to what extent did you trust others with the experience of this conflict? (Using a scale of 1 to 7, where 1 = not at all, 2 = not really, 3 = somewhat neutral, 4 = to some extent, 5 = trusted, 6 = very much, 7 = completely trusted).

3. Before the age of 17, did you experience any traumatic sexual experiences such as rape or sexual assault? If yes, what was your age at that time? If yes, to what extent was this experience traumatic for you? (Using a scale of 1 to 7, where 1 = not at all traumatic, 2 = not very traumatic, 3 = somewhat neutral, 4 = somewhat traumatic, 5 = traumatic, 6 = very traumatic, 7 = extremely traumatic) If yes, to what extent did you trust others with the experience of this traumatic event? (Using a scale of 1 to 7, where 1 = not at all, 2 = not

really, 3 = somewhat neutral, 4 = to some extent, 5 = trusted, 6 = very much, 7 = completely trusted)

4. Before the age of 17, did you experience any kind of violence such as physical abuse, verbal abuse, or assault (besides sexual assault)? If yes, what was your age at that time? If yes, to what extent was this experience traumatic for you? (Using a scale of 1 to 7, where 1 = not at all traumatic, 2 = not very traumatic, 3 = somewhat neutral, 4 = somewhat traumatic, 5 = traumatic, 6 = very traumatic, 7 = extremely traumatic) If yes, to what extent did you trust others with the experience of this traumatic event? (Using a scale of 1 to 7, where 1 = not at all, 2 = not really, 3 = somewhat neutral, 4 = to some extent, 5 = trusted, 6 = very much, 7 = completely trusted)

5. Before the age of 17, did you ever suffer from a serious illness or injury? If yes, what was your age at that time? If yes, to what extent was this experience traumatic for you? (Using a scale of 1 to 7, where 1 = not at all traumatic, 2 = not very traumatic, 3 = somewhat neutral, 4 = somewhat traumatic, 5 = traumatic, 6 = very traumatic, 7 = extremely traumatic) If yes, to what extent did you trust others with the experience of this traumatic event? (Using a scale of 1 to 7, where 1 = not at all, 2 = not really, 3 = somewhat neutral, 4 = to some extent, 5 = trusted, 6 = very much, 7 = completely trusted)

6. Before the age of 17, have you ever experienced a major event or incident that you believe significantly altered your personality or life? _______ If yes, what was the occasion? _______________If yes, to what extent did it because you distress? (using a scale where 1 = not at all distressing, 2 = not very distressing, 3 = neutral, 4 = somewhat distressing, 5 = distressing, 6 = very distressing, 7 = extremely distressing) If yes, to what extent did you

trust others regarding this issue? (using a scale where 1 = not at all, 2 = not much, 3 = neutral, 4 = to some extent, 5 = trusted somewhat, 6 = trusted a lot, 7 = trusted completely).

Pearson Product Moment Correlation

Correlations

		mctes1	ctes2	mctes3	mctes4	mctes5	mctes6
mctes1	Pearson Correlation	1	.181*	.240**	-.411**	-.246**	.365**
	Sig. (2-tailed)		.047	.008	.000	.007	.000
	N	120	120	120	120	120	120
ctes2	Pearson Correlation	.181*	1	.374**	-.419**	-.311**	.422**
	Sig. (2-tailed)	.047		.000	.000	.001	.000
	N	120	120	120	120	120	120
mctes3	Pearson Correlation	.240**	.374**	1	-.506**	-.394**	.328**
	Sig. (2-tailed)	.008	.000		.000	.000	.000
	N	120	120	120	120	120	120
mctes4	Pearson Correlation	-.411**	-.419**	-.506**	1	.183*	-.521**
	Sig. (2-tailed)	.000	.000	.000		.045	.000
	N	120	120	120	120	120	120
mctes5	Pearson Correlation	-.246**	-.311**	-.394**	.183*	1	-.077
	Sig. (2-tailed)	.007	.001	.000	.045		.403
	N	120	120	120	120	120	120
mctes6	Pearson Correlation	.365**	.422**	.328**	-.521**	-.077	1
	Sig. (2-tailed)	.000	.000	.000	.000	.403	
	N	120	120	120	120	120	120
mstylea	Pearson Correlation	.121	.157	.041	.267**	.097	.267**
	Sig. (2-tailed)	.189	.086	.655	.003	.294	.003
	N	120	120	120	120	120	120
mstyleb	Pearson Correlation	.257**	.401**	.376**	-.598**	-.348**	.180*
	Sig. (2-tailed)	.005	.000	.000	.000	.000	.049
	N	120	120	120	120	120	120
mstylec	Pearson Correlation	-.137	.656**	.050	.186*	.241**	.181*
	Sig. (2-tailed)	.135	.000	.586	.042	.008	.048
	N	120	120	120	120	120	120
mstyled	Pearson Correlation	.247**	.539**	.427**	-.559**	-.123	.699**
	Sig. (2-tailed)	.006	.000	.000	.000	.181	.000
	N	120	120	120	120	120	120
MEANK10	Pearson Correlation	.117	.240**	.130	-.315**	.513**	.215*
	Sig. (2-tailed)	.202	.008	.159	.000	.000	.018
	N	120	120	120	120	120	120

Correlations

		mstylea	mstyleb	mstylec	mstyled	MEANK10
mctes1	Pearson Correlation	.121	.257**	-.137	.247**	.117
	Sig. (2-tailed)	.189	.005	.135	.006	.202
	N	120	120	120	120	120
ctes2	Pearson Correlation	.157	.401**	.656**	.539**	.240**
	Sig. (2-tailed)	.086	.000	.000	.000	.008
	N	120	120	120	120	120
mctes3	Pearson Correlation	.041	.376**	.050	.427**	.130
	Sig. (2-tailed)	.655	.000	.586	.000	.159
	N	120	120	120	120	120
mctes4	Pearson Correlation	.267**	-.598**	.186*	-.559**	-.315**
	Sig. (2-tailed)	.003	.000	.042	.000	.000
	N	120	120	120	120	120
mctes5	Pearson Correlation	.097	-.348**	.241**	-.123	.513**
	Sig. (2-tailed)	.294	.000	.008	.181	.000
	N	120	120	120	120	120
mctes6	Pearson Correlation	.267**	.180*	.181*	.699**	.215*
	Sig. (2-tailed)	.003	.049	.048	.000	.018
	N	120	120	120	120	120
mstylea	Pearson Correlation	1	-.392**	.492**	.037	.313**
	Sig. (2-tailed)		.000	.000	.689	.000
	N	120	120	120	120	120
mstyleb	Pearson Correlation	-.392**	1	-.089	.356**	-.136
	Sig. (2-tailed)	.000		.333	.000	.140
	N	120	120	120	120	120
mstylec	Pearson Correlation	.492**	-.089	1	.167	.500**
	Sig. (2-tailed)	.000	.333		.069	.000
	N	120	120	120	120	120
mstyled	Pearson Correlation	.037	.356**	.167	1	-.046
	Sig. (2-tailed)	.689	.000	.069		.620
	N	120	120	120	120	120
MEANK10	Pearson Correlation	.313**	-.136	.500**	-.046	1
	Sig. (2-tailed)	.000	.140	.000	.620	
	N	120	120	120	120	120

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Model I for Multiple Hierarchical Linear Regression

Model Summary[b]

Model	Change Statistics		Durbin-Watson
	df2	Sig. F Change	
1	113	.000	1.430

a. Predictors: (Constant), mctes6, mctes5, mctes1, mctes3, ctes2, mctes4

b. Dependent Variable: MEANK10

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	89.742	6	14.957	23.610	.000[b]
	Residual	71.586	113	.634		
	Total	161.328	119			

a. Dependent Variable: MEANK10

b. Predictors: (Constant), mctes6, mctes5, mctes1, mctes3, ctes2, mctes4

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence ..
		B	Std. Error	Beta			Lower Bound
1	(Constant)	1.617	.271		5.961	.000	1.079
	mctes1	.137	.067	.146	2.033	.044	.003
	ctes2	.218	.050	.329	4.368	.000	.119
	mctes3	.141	.056	.197	2.509	.014	.030
	mctes4	-.214	.090	-.202	-2.387	.019	-.392
	mctes5	.589	.056	.759	10.558	.000	.479
	mctes6	-.065	.058	-.088	-1.119	.266	-.179

Coefficients[a]

Model		95.0% Confidence ...	Correlations			Collinearity Statistics	
		Upper Bound	Zero-order	Partial	Part	Tolerance	VIF
1	(Constant)	2.154					
	mctes1	.270	.117	.188	.127	.759	1.318
	ctes2	.318	.240	.380	.274	.694	1.441
	mctes3	.252	.130	.230	.157	.636	1.573
	mctes4	-.036	-.315	-.219	-.150	.546	1.832
	mctes5	.700	.513	.705	.662	.759	1.318
	mctes6	.050	.215	-.105	-.070	.635	1.574

Model II of Multiple Hierarchical Linear Regression

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.924[a]	.855	.841	.46378	.855	64.106	10	109	.000	2.107

a. Predictors: (Constant), mstyled, mstylea, mctes5, mctes1, mstylec, mstyleb, mctes3, mctes6, ctes2, mctes4

b. Dependent Variable: MEANK10

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	137.883	10	13.788	64.106	.000[b]
	Residual	23.445	109	.215		
	Total	161.328	119			

a. Dependent Variable: MEANK10

b. Predictors: (Constant), mstyled, mstylea, mctes5, mctes1, mstylec, mstyleb, mctes3, mctes6, ctes2, mctes4

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Collinearity Statistics	
		B	Std. Error	Beta			Lower Bound	Upper Bound	Tolerance	VIF
1	(Constant)	3.939	.414		9.506	.000	3.118	4.760		
	mctes1	.045	.041	.048	1.112	.269	-.035	.126	.703	1.422
	ctes2	.176	.039	.264	4.473	.000	.098	.254	.381	2.622
	mctes3	.137	.034	.192	4.029	.000	.070	.204	.589	1.698
	mctes4	-.699	.067	-.660	-10.441	.000	-.832	-.566	.333	3.000
	mctes5	.500	.035	.644	14.429	.000	.431	.568	.670	1.494
	mctes6	.037	.042	.050	.879	.381	-.046	.120	.407	2.457
	mstylea	.208	.050	.214	4.154	.000	.109	.307	.501	1.994
	mstyleb	-.175	.039	-.196	-4.501	.000	-.252	-.098	.703	1.422
	mstylec	.217	.046	.244	4.746	.000	.127	.308	.505	1.979
	mstyled	-.423	.046	-.511	-9.153	.000	-.514	-.331	.427	2.339

a. Dependent Variable: MEANK10

Mediation model for CTES 2

```
    M  : mstyleb

Sample
Size:  120

**************************************************************************
OUTCOME VARIABLE:
 mstyleb

Model Summary
          R       R-sq        MSE          F        df1        df2
      .3228      .1042     1.5396    13.7258     1.0000   118.0000

Model
              coeff         se          t          p       LLCI       ULC
constant     5.5630      .1453    38.2963      .0000     5.2754      5.850
ctes2         .2407      .0650     3.7048      .0003      .1120       .369

Standardized coefficients
           coeff
ctes2      .3228

**************************************************************************
OUTCOME VARIABLE:
 MEANK10

Model Summary
          R       R-sq        MSE          F        df1        df2
      .3241      .1051     1.2340     6.8669     2.0000   117.0000

Model
              coeff         se          t          p       LLCI       ULC
constant     3.7758      .4766     7.9227      .0000     2.8320      4.719
ctes2         .2092      .0615     3.4039      .0009      .0875       .330
mstyleb      -.2049      .0824    -2.4856      .0143     -.3681      -.041

Standardized coefficients
             coeff
ctes2        .3145
mstyleb     -.2297
```

```
OUTCOME VARIABLE:
 MEANK10

Model Summary
          R       R-sq        MSE          F        df1        df2
      .2404      .0578     1.2882     7.2378     1.0000   118.0000      .

Model
              coeff         se          t          p       LLCI       ULC
constant     2.6362      .1329    19.8395      .0000     2.3731     2.899
ctes2         .1599      .0594     2.6903      .0082      .0422      .277

Standardized coefficients
           coeff
ctes2      .2404

************** TOTAL, DIRECT, AND INDIRECT EFFECTS OF X ON Y ************

Total effect of X on Y
     Effect         se          t          p       LLCI       ULCI
       c_cs
      .1599      .0594     2.6903      .0082      .0422      .2775      .
      .2404

Direct effect of X on Y
     Effect         se          t          p       LLCI       ULCI      c
      c'_cs
      .2092      .0615     3.4039      .0009      .0875      .3309      .
      .3145

Indirect effect(s) of X on Y:
            Effect     BootSE   BootLLCI   BootULCI
mstyleb     -.0493      .0218     -.0917     -.0066

Partially standardized indirect effect(s) of X on Y:
            Effect     BootSE   BootLLCI   BootULCI
mstyleb     -.0423      .0189     -.0799     -.0057

Completely standardized indirect effect(s) of X on Y:
            Effect     BootSE   BootLLCI   BootULCI
mstyleb     -.0741      .0334     -.1413     -.0096
```

```
    M  : mstyleb

Sample
Size:  120

************************************************************************
OUTCOME VARIABLE:
 mstyleb

Model Summary
          R       R-sq        MSE          F        df1        df2
      .3228      .1042     1.5396    13.7258     1.0000   118.0000      .

Model
              coeff         se          t          p       LLCI       ULC
constant     5.5630      .1453    38.2963      .0000     5.2754     5.850
ctes2         .2407      .0650     3.7048      .0003      .1120      .369

Standardized coefficients
           coeff
ctes2      .3228

************************************************************************
OUTCOME VARIABLE:
 MEANK10

Model Summary
          R       R-sq        MSE          F        df1        df2
      .3241      .1051     1.2340     6.8669     2.0000   117.0000      .

Model
              coeff         se          t          p       LLCI       ULC
constant     3.7758      .4766     7.9227      .0000     2.8320     4.719
ctes2         .2092      .0615     3.4039      .0009      .0875      .330
mstyleb      -.2049      .0824    -2.4856      .0143     -.3681     -.041

Standardized coefficients
             coeff
ctes2        .3145
mstyleb     -.2297
```

```
OUTCOME VARIABLE:
 MEANK10

Model Summary
          R       R-sq        MSE          F        df1        df2
      .2404      .0578     1.2882     7.2378     1.0000   118.0000      .(

Model
              coeff         se          t          p       LLCI       ULC
constant     2.6362      .1329    19.8395      .0000     2.3731     2.899
ctes2         .1599      .0594     2.6903      .0082      .0422      .277

Standardized coefficients
          coeff
ctes2      .2404

************** TOTAL, DIRECT, AND INDIRECT EFFECTS OF X ON Y ************

Total effect of X on Y
     Effect         se          t          p       LLCI       ULCI
       c_cs
      .1599      .0594     2.6903      .0082      .0422      .2775      .
      .2404

Direct effect of X on Y
     Effect         se          t          p       LLCI       ULCI      c
     c'_cs
      .2092      .0615     3.4039      .0009      .0875      .3309      .
      .3145

Indirect effect(s) of X on Y:
            Effect     BootSE   BootLLCI   BootULCI
mstyleb     -.0493      .0218     -.0917     -.0066

Partially standardized indirect effect(s) of X on Y:
            Effect     BootSE   BootLLCI   BootULCI
mstyleb     -.0423      .0189     -.0799     -.0057

Completely standardized indirect effect(s) of X on Y:
            Effect     BootSE   BootLLCI   BootULCI
```

```
Size:  120

*************************************************************************
OUTCOME VARIABLE:
 mstylec

Model Summary
          R       R-sq        MSE          F        df1        df2
      .4037      .1630     1.4386    22.9730     1.0000   118.0000      .(

Model
              coeff         se          t          p       LLCI       ULC
constant     5.4786      .1404    39.0164      .0000     5.2006     5.756
ctes2         .3010      .0628     4.7930      .0000      .1766      .425

Standardized coefficients
           coeff
ctes2      .4037

*************************************************************************
OUTCOME VARIABLE:
 MEANK10

Model Summary
          R       R-sq        MSE          F        df1        df2
      .3931      .1545     1.1658    10.6910     2.0000   117.0000      .(

Model
              coeff         se          t          p       LLCI       ULC
constant      .9751      .4713     2.0691      .0407      .0418     1.908
ctes2         .0686      .0618     1.1104      .2691     -.0538      .191
mstylec       .3032      .0829     3.6585      .0004      .1391      .467

Standardized coefficients
             coeff
ctes2        .1032
mstylec      .3399

************************** TOTAL EFFECT MODEL ***************************
OUTCOME VARIABLE:
 MEANK10
```

```
Model Summary
          R       R-sq        MSE          F        df1        df2
      .2404      .0578     1.2882     7.2378     1.0000   118.0000      .(

Model
              coeff         se          t          p       LLCI       ULC
constant     2.6362      .1329    19.8395      .0000     2.3731     2.899
ctes2         .1599      .0594     2.6903      .0082      .0422      .277

Standardized coefficients
           coeff
ctes2      .2404

************** TOTAL, DIRECT, AND INDIRECT EFFECTS OF X ON Y ************

Total effect of X on Y
     Effect         se          t          p       LLCI       ULCI      
       c_cs
      .1599      .0594     2.6903      .0082      .0422      .2775      .
      .2404

Direct effect of X on Y
     Effect         se          t          p       LLCI       ULCI      c
      c'_cs
      .0686      .0618     1.1104      .2691     -.0538      .1910      .(
      .1032

Indirect effect(s) of X on Y:
           Effect     BootSE   BootLLCI   BootULCI
mstylec      .0913      .0327      .0392      .1667

Partially standardized indirect effect(s) of X on Y:
           Effect     BootSE   BootLLCI   BootULCI
mstylec      .0784      .0263      .0356      .1386

Completely standardized indirect effect(s) of X on Y:
           Effect     BootSE   BootLLCI   BootULCI
mstylec      .1372      .0453      .0624      .2413

*********************** ANALYSIS NOTES AND ERRORS ***********************
```

```
**************************************************************************
OUTCOME VARIABLE:
 mstyled

Model Summary
          R       R-sq        MSE          F        df1        df2
      .5303      .2812     1.4375    46.1702     1.0000   118.0000      .

Model
              coeff         se          t          p       LLCI       ULC
constant     5.2445      .1404    37.3634      .0000     4.9666     5.522
ctes2         .4265      .0628     6.7949      .0000      .3022      .550

Standardized coefficients
           coeff
ctes2      .5303

**************************************************************************
OUTCOME VARIABLE:
 MEANK10

Model Summary
          R       R-sq        MSE          F        df1        df2
      .3196      .1021     1.2380     6.6548     2.0000   117.0000      .

Model
              coeff         se          t          p       LLCI       ULC
constant     3.7133      .4666     7.9580      .0000     2.7892     4.637
ctes2         .2475      .0687     3.6014      .0005      .1114      .383
mstyled      -.2054      .0854    -2.4039      .0178     -.3746     -.036

Standardized coefficients
             coeff
ctes2        .3721
mstyled     -.2484

************************** TOTAL EFFECT MODEL ****************************
OUTCOME VARIABLE:
 MEANK10
```

```
Model Summary
          R       R-sq        MSE          F        df1        df2
      .2404      .0578     1.2882     7.2378     1.0000   118.0000      .

Model
              coeff         se          t          p       LLCI       ULC
constant     2.6362      .1329    19.8395      .0000     2.3731     2.899
ctes2         .1599      .0594     2.6903      .0082      .0422      .277

Standardized coefficients
          coeff
ctes2     .2404

************** TOTAL, DIRECT, AND INDIRECT EFFECTS OF X ON Y ************

Total effect of X on Y
     Effect         se          t          p       LLCI       ULCI
       c_cs
      .1599      .0594     2.6903      .0082      .0422      .2775      .
      .2404

Direct effect of X on Y
     Effect         se          t          p       LLCI       ULCI      c
      c'_cs
      .2475      .0687     3.6014      .0005      .1114      .3836      .
      .3721

Indirect effect(s) of X on Y:
           Effect     BootSE   BootLLCI   BootULCI
mstyled     -.0876      .0400     -.1627     -.0048

Partially standardized indirect effect(s) of X on Y:
           Effect     BootSE   BootLLCI   BootULCI
mstyled     -.0752      .0336     -.1376     -.0043

Completely standardized indirect effect(s) of X on Y:
           Effect     BootSE   BootLLCI   BootULCI
mstyled     -.1317      .0594     -.2443     -.0074

********************** ANALYSIS NOTES AND ERRORS **********************
```

Mediation model for CTES 6

```
Size:  120

**************************************************************************
OUTCOME VARIABLE:
 mstylea

Model Summary
          R       R-sq        MSE          F        df1        df2
      .2674      .0715     1.3523     9.0882     1.0000   118.0000       .

Model
              coeff         se          t          p       LLCI       ULC
constant     1.9408      .1767    10.9823      .0000     1.5908     2.290
mctes6        .2028      .0673     3.0147      .0032      .0696      .336

Standardized coefficients
            coeff
mctes6      .2674

**************************************************************************
OUTCOME VARIABLE:
 MEANK10

Model Summary
          R       R-sq        MSE          F        df1        df2
      .3417      .1168     1.2179     7.7341     2.0000   117.0000       .

Model
              coeff         se          t          p       LLCI       ULC
constant     2.0100      .2385     8.4285      .0000     1.5377     2.482
mctes6        .1041      .0663     1.5716      .1187     -.0271      .235
mstylea       .2668      .0874     3.0537      .0028      .0938      .439

Standardized coefficients
             coeff
mctes6       .1417
mstylea      .2754

************************** TOTAL EFFECT MODEL ****************************
OUTCOME VARIABLE:
```

```
Model Summary
          R       R-sq        MSE          F        df1        df2
      .2153      .0464     1.3038     5.7381     1.0000   118.0000      .

Model
              coeff         se          t          p       LLCI       ULC
constant     2.5277      .1735    14.5677      .0000     2.1841     2.871
mctes6        .1582      .0661     2.3954      .0182      .0274      .289

Standardized coefficients
            coeff
mctes6      .2153

************** TOTAL, DIRECT, AND INDIRECT EFFECTS OF X ON Y ************

Total effect of X on Y
     Effect         se          t          p       LLCI       ULCI
       c_cs
      .1582      .0661     2.3954      .0182      .0274      .2890      .
      .2153

Direct effect of X on Y
     Effect         se          t          p       LLCI       ULCI      c
      c'_cs
      .1041      .0663     1.5716      .1187     -.0271      .2353      .
      .1417

Indirect effect(s) of X on Y:
            Effect     BootSE   BootLLCI   BootULCI
mstylea      .0541      .0306      .0080      .1263

Partially standardized indirect effect(s) of X on Y:
            Effect     BootSE   BootLLCI   BootULCI
mstylea      .0465      .0263      .0070      .1074

Completely standardized indirect effect(s) of X on Y:
            Effect     BootSE   BootLLCI   BootULCI
mstylea      .0736      .0409      .0110      .1676

********************** ANALYSIS NOTES AND ERRORS **********************
```

```
Size:  120

**************************************************************************
OUTCOME VARIABLE:
 mstyleb

Model Summary
          R       R-sq        MSE          F        df1        df2       
      .2039      .0416     1.6472     5.1202     1.0000   118.0000      .

Model
              coeff         se          t          p       LLCI       ULC
constant     5.5472      .1950    28.4426      .0000     5.1610     5.933
mctes6        .1680      .0742     2.2628      .0255      .0210      .315

Standardized coefficients
            coeff
mctes6      .2039

**************************************************************************
OUTCOME VARIABLE:
 MEANK10

Model Summary
          R       R-sq        MSE          F        df1        df2       
      .2780      .0773     1.2723     4.8985     2.0000   117.0000      .

Model
              coeff         se          t          p       LLCI       ULC
constant     3.4160      .4804     7.1102      .0000     2.4645     4.367
mctes6        .1851      .0667     2.7775      .0064      .0531      .317
mstyleb      -.1601      .0809    -1.9791      .0501     -.3204      .000

Standardized coefficients
             coeff
mctes6       .2520
mstyleb     -.1795

************************** TOTAL EFFECT MODEL ****************************
```

```
Model Summary
          R       R-sq        MSE          F        df1        df2
      .2153      .0464     1.3038     5.7381     1.0000   118.0000      .

Model
              coeff         se          t          p       LLCI       ULC
constant     2.5277      .1735    14.5677      .0000     2.1841     2.871
mctes6        .1582      .0661     2.3954      .0182      .0274      .289

Standardized coefficients
            coeff
mctes6      .2153

************** TOTAL, DIRECT, AND INDIRECT EFFECTS OF X ON Y ************

Total effect of X on Y
     Effect         se          t          p       LLCI       ULCI
       c_cs
      .1582      .0661     2.3954      .0182      .0274      .2890      .
      .2153

Direct effect of X on Y
     Effect         se          t          p       LLCI       ULCI      c
      c'_cs
      .1851      .0667     2.7775      .0064      .0531      .3171      .
      .2520

Indirect effect(s) of X on Y:
            Effect     BootSE   BootLLCI   BootULCI
mstyleb     -.0269      .0165     -.0603      .0030

Partially standardized indirect effect(s) of X on Y:
            Effect     BootSE   BootLLCI   BootULCI
mstyleb     -.0231      .0145     -.0535      .0027

Completely standardized indirect effect(s) of X on Y:
            Effect     BootSE   BootLLCI   BootULCI
mstyleb     -.0366      .0231     -.0854      .0040
```

```
Size:  120

**************************************************************************
OUTCOME VARIABLE:
 mstylec

Model Summary
          R       R-sq        MSE          F        df1        df2
      .0073      .0001     1.7186      .0063     1.0000   118.0000      .

Model
              coeff         se          t          p       LLCI       ULC
constant     5.9127      .1992    29.6802      .0000     5.5182     6.307
mctes6       -.0060      .0758     -.0794      .9368     -.1562      .144

Standardized coefficients
            coeff
mctes6     -.0073

**************************************************************************
OUTCOME VARIABLE:
 MEANK10

Model Summary
          R       R-sq        MSE          F        df1        df2
      .4395      .1932     1.1125    14.0077     2.0000   117.0000      .

Model
              coeff         se          t          p       LLCI       ULC
constant      .5070      .4663     1.0872      .2792     -.4166     1.430
mctes6        .1603      .0610     2.6269      .0098      .0394      .281
mstylec       .3418      .0741     4.6142      .0000      .1951      .488

Standardized coefficients
             coeff
mctes6       .2181
mstylec      .3832

************************** TOTAL EFFECT MODEL ****************************
```

```
Model Summary
          R       R-sq        MSE          F        df1        df2
      .2153      .0464     1.3038     5.7381     1.0000   118.0000      .

Model
              coeff         se          t          p       LLCI       ULC
constant     2.5277      .1735    14.5677      .0000     2.1841     2.871
mctes6        .1582      .0661     2.3954      .0182      .0274      .289

Standardized coefficients
             coeff
mctes6       .2153

************** TOTAL, DIRECT, AND INDIRECT EFFECTS OF X ON Y ************

Total effect of X on Y
     Effect         se          t          p       LLCI       ULCI
       c_cs
      .1582      .0661     2.3954      .0182      .0274      .2890      .
      .2153

Direct effect of X on Y
     Effect         se          t          p       LLCI       ULCI      c
      c'_cs
      .1603      .0610     2.6269      .0098      .0394      .2811      .
      .2181

Indirect effect(s) of X on Y:
             Effect     BootSE   BootLLCI   BootULCI
mstylec      -.0021      .0256     -.0593      .0424

Partially standardized indirect effect(s) of X on Y:
             Effect     BootSE   BootLLCI   BootULCI
mstylec      -.0018      .0217     -.0484      .0377

Completely standardized indirect effect(s) of X on Y:
             Effect     BootSE   BootLLCI   BootULCI
mstylec      -.0028      .0343     -.0768      .0584

*********************** ANALYSIS NOTES AND ERRORS ***********************
```

```
Size:  120

**************************************************************************
OUTCOME VARIABLE:
 mstyled

Model Summary
          R       R-sq        MSE          F        df1        df2
      .6586      .4338     1.1323    90.4116     1.0000   118.0000      .

Model
              coeff         se          t          p       LLCI       ULC
constant     4.6124      .1617    28.5240      .0000     4.2922     4.932
mctes6        .5853      .0616     9.5085      .0000      .4634      .707

Standardized coefficients
            coeff
mctes6      .6586

**************************************************************************
OUTCOME VARIABLE:
 MEANK10

Model Summary
          R       R-sq        MSE          F        df1        df2
      .3348      .1121     1.2243     7.3844     2.0000   117.0000      .

Model
              coeff         se          t          p       LLCI       ULC
constant     3.8269      .4725     8.1000      .0000     2.8912     4.762
mctes6        .3231      .0851     3.7981      .0002      .1546      .491
mstyled      -.2817      .0957    -2.9425      .0039     -.4712     -.092

Standardized coefficients
             coeff
mctes6       .4397
mstyled     -.3407

************************** TOTAL EFFECT MODEL ****************************
OUTCOME VARIABLE:
 MEANK10
```

```
Model Summary
          R       R-sq        MSE          F        df1        df2
      .2153      .0464     1.3038     5.7381     1.0000   118.0000      .

Model
              coeff         se          t          p       LLCI       ULC
constant     2.5277      .1735    14.5677      .0000     2.1841     2.871
mctes6        .1582      .0661     2.3954      .0182      .0274      .289

Standardized coefficients
             coeff
mctes6       .2153

************** TOTAL, DIRECT, AND INDIRECT EFFECTS OF X ON Y ************

Total effect of X on Y
     Effect         se          t          p       LLCI       ULCI
       c_cs
      .1582      .0661     2.3954      .0182      .0274      .2890      .
      .2153

Direct effect of X on Y
     Effect         se          t          p       LLCI       ULCI      c
      c'_cs
      .3231      .0851     3.7981      .0002      .1546      .4916      .
      .4397

Indirect effect(s) of X on Y:
             Effect     BootSE   BootLLCI   BootULCI
mstyled      -.1649      .0456     -.2590     -.0810

Partially standardized indirect effect(s) of X on Y:
             Effect     BootSE   BootLLCI   BootULCI
mstyled      -.1416      .0370     -.2156     -.0722

Completely standardized indirect effect(s) of X on Y:
             Effect     BootSE   BootLLCI   BootULCI
mstyled      -.2244      .0576     -.3399     -.1144

*********************** ANALYSIS NOTES AND ERRORS ***********************
```

KINNAIRD COLLEGE FOR WOMEN

Date: 14th-February-2023

PERMISSION LETTER

To,

Dr. Nabeel Ibad
Assistant professor HOD of Psychiatry SZH.

Our student, Umme Izza Bajwa of MS (Clinical Psychology) 2 years Program of Kinnaird College for Women, Lahore, is conducting her research on:

Childhood Trauma, Attachment styles and Psychological distress among adults with FNSD

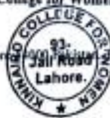
She is interested to carry out the study in your institution/organization/hospital with FNSD patients. She will be administering her research questionnaire to identify the relationship b/w childhood trauma, attachment styles & psychological distress. I request you to grant her permission to conduct research work at your prestigious institute. Your cooperation/help in providing the necessary facilities for collecting data will be highly appreciated. Your support in this respect will also promote research work in Pakistan.

Thanking in anticipation

Allowed.

Dr. Afsheen Gul
Head of the Applied Psychology Department
Kinnaird College for Women, Lahore

Dr. Nabeel Ibad
MBBS, FCPS
Assistant Professor
Head Department of Psychiatry
Shaikh Zayed Hospital, Lahore



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CamScanner

KINNAIRD COLLEGE FOR WOMEN

Date: 21st 9-2022

PERMISSION LETTER

To,

Assistant Professor Head of Department of Psychiatry Services hospital.

Our student, Umme Irza Bajwa of MS (Clinical Psychology) 2 years Program of Kinnaird College for Women, Lahore, is conducting her research on:

Childhood Trauma, Attachment Styles and Psychological distress in Patients with FNSD

She is interested to carry out the study in your institution/organization/hospital with FNSD patients. She will be administering her research questionnaire to identify the relationship b/w childhood trauma, attachment styles and psychological distress in FNSD patients. I request you to grant her permission to conduct research work at your prestigious institute. Your cooperation/help in providing the necessary facilities for collecting data will be highly appreciated. Your support in this respect will also promote research work in Pakistan.

Thanking in anticipation

Permitted

Dr. Afsheen Gul
Head of the Applied Psychology Department
Kinnaird College for Women, Lahore

93, Jail Road, Lahore. Tel: 92-42-99203781-84 Fax: 92-42-99203788 Email: rukhsana.david@kinnaird.edu.pk

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