



Emotional Abuse as a Predictor of Mental Health Problems among Married Individuals and its impact on their Quality of Life

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Abstract

The current study was intended to determine the predicting role of Emotional Abuse to develop mental health problems among married individuals and its impact on their quality of life. Present research was quantitative correlational survey design, hypothesizing that there is a significant relationship between emotional abuse to develop mental health problems among married individuals and its impact on their quality of life. There is a significant role of emotional abuse to develop mental health problems among married individuals and its impact on their quality of life. Purposive convenient sampling technique was used to approach N= 230 married individuals ranged between 18-40 years old, from different areas of Karachi, Pakistan. The present study was assessed through Gottman Emotional Abuse Questionnaire (EAQ), Mental Health Inventory (MHI-18) and Quality of Life Scale (QOLS). Statistical Package for Social Sciences (SPSS version-22) was applied for the analysis of data. Internal consistency of the study was checked through Cronbach alpha. For the analysis of correlation between variables Pearson Correlation was used. Significance of demographic factors were analyzed through the technique of independent sampling (t-test). Results exposed that there is significant strong negative correlation of emotional abuse with mental health ($r = -0.82$) and quality of life ($r = -0.89$). The findings of the research highlighted the significant differences of emotional abuse, mental health problems and quality of life. The results of the present study could be useful for enhancing the awareness on the effect of emotional abuse and the necessity of prevent the abuse for maintaining the relationship.

Keywords: Emotional Abuse, Mental health problems, Quality of life, Married individuals.

JEL Classification: I13, A13

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Contribution of this paper to the literature

The study contributes to the existing literature by investigating the relationship between emotional abuse to develop mental health problems among married individuals and its impact on their quality of life.

1. Introduction

1.1 Background

Emotional abuse is a method of interpersonal exploitation which integrates altogether non-physical violence and suffering caused by non-verbal and verbal actions (Psychology & Behavioral Health, 2015). Emotional abuse is intentional, manipulative and method of using power towards victim. It frequently takes place with the combination of other types of abuse, though abuse can also go on in isolation. As there are different kinds of abuse, emotional abuse frequently affects those who have less power and influence on others (Psychology & Behavioral Health, 2015).

Abusers select and target those who can be abused easily. Abusers targets not everyone but those who are close to them. Whether noticeable or indirect, emotional abuse ultimately make victim feeling helpless, wounded, irritated, valueless, angry, and frightened. Emotional offenders repeatedly struggle with the familiar feeling of their victim. Recurrently, abusers were also a victim of and sufferer of the same emotional trauma which results a sense of helplessness, fear, rage and revengeful. Therefore, abusers usually pursue those who are abandoned or the one who do not recognize and acknowledge their state of mind, feelings and comprehend their point of view due to which abusers allowed to feel superior and secure that they have a full control on their sufferers (O'Hagan, 2006). Strategies of emotional offender make them sure to sustain the full control over their victim. Strategies includes separation from family and the close ones which deliver a victim, sense of security and dependence on their abuser; threats of maltreatment and their loved ones, or deliberate harming that keeps a victim dreadful to leave; coercion with the act of damaging and destroying the personal property, physical and facial expressions, exhibiting weapons to approve the power and confirm the victim to obey and fulfill the wishes of their abuser. Beside this, disgracing name-calling, disconcerting, and public humiliation that abolish self-worth which leave the victim helpless, restricted, and compliant are also included (Tjaden & Thoennes, 2000).

Ultimately, all sense of self is loosed by a victim of emotional abuse and is often have long lasting effects than a physical abuse as it gradually destroys the victim's confidence and self-worthiness (O'Hagan, 2006). However, over the time physical injuries repair and mended, but emotional trauma leaves a mark for a lifetime. In such situations victim's perception become unrealistic and unable to understand any situation. Reports revealed that abusers controlled the company of their victims, where they go and made a family contact. They also terrify to take away their children from them. Especially, women were made to feel inferior, ashamed, and humiliated by their abuser.

Subjective pointers are communal in certain types of pleasure experience of consciousness, which include the relationship satisfaction, happiness, subjective well-being, and personal freedom are classically go together with the success of our personal desires (Campbell, 2008). In the time of 90s, specialist stand on an agreement on the principles or essential dimensions of QoL such as physical functioning, psychological and social functioning, somatic sensation symptom, anxiety, and depression (Deci & Ryan, 2008).

Thus, QoL demonstrates the significant fact that maximum basic functional capabilities involve both behavioral dimensions in the individual and related resources in the individuals outside environment.

There are various factors which include both internal and external to the person, affect their mental well-being and automatically their QoL. Such as there are specific features which is motivation and personality might be the central point to the structure of QoL (Antonella & Massimo, 2011). Generally, QoL focused on the deficiency in functioning, i.e., negative affect, pain (Antonella & Massimo, 2011). On the other hand, aspects of positive functioning focus on resources of positive functioning, that include optimism, psychological resources, and positive emotions (e.g., love, positive affect, mastery, autonomy) as significant components (Wood & Joseph, 2010).

There are finding that emotional abuse was powerfully connected with lasting symptomatology of anxiety affective and digressive disorders (Fava, Rafanelli, Cazzaro, Conti, & Grandi, 1998) signified that people who face emotional abuse might be at risk for emerging and recurrence of further disorders. However, new researchers have found levels of emotional abuse and trauma in the etiology od digressive disorders (Wood & Joseph, 2010). Though some authors consider physical and mental health as a basic and fundamental aspect of QoL which leads towards a psychologically healthy individual.

2. Literature Review

2.1. Association between Emotional Abuse and Mental Health Problems

Emotional abuse is related to a chain of negative psychosocial consequences. Study validates the relation between depression in adults and emotional abuse (Gross & Keller, 1992), suicidality, anxiety (Bifulco, Moran, Baines, Bunn, & Stanford, 2002), dissociation, usage of alcohol and drugs among the college students (Jelley, 2003).

Though little studies have focused on long-standing effects of emotional abuse, psychologists have verified sequelae including major depression (Yamamoto et al., 1999) and personality disorders (Johnson, Smailes, Cohen, Brown, & Bernstein, 2000). Reyome (2010) found emotional abuse to be linked to loneliness and social isolation to a larger degree than any other mistreatment subtype.

Verbal assault, control, dominance, ridicule, isolation, or the use of intimate knowledge for degradation can be included in emotional abuse (Follingstad, Coyne, & Gambone, 2005). There is a deep correlation between emotional and physical abuse in batterer people (Gondolf, Heckert, & Kimmel, 2002), and it is discovered that subsequential physical spousal abuse is predicted with the presence of verbal abuse earlier in the relation (Schumacher & Leonard, 2005).

Inner violence can be characterized as "Any act of violence that results in, or is likely to result in, physical, emotional, sexual, or mental harm or suffering to a person, including threats of such acts, coercion or arbitrary

deprivation of liberty, whether occurring in public or in private life” (United Nation Organization, 1993, as cited in Breakey, Corless, Meedzan, and Nicholas (2015)).

Centre for Disease Control has characterized four primary sorts of partner abuse: physical abuse, emotional abuse, sexual abuse, and dangers of abuse. In Pakistan, each day, more than three ladies and one man are murdered by their marital partners (Ali & Gavino, 2008).

Tazeen, Asad, Mogren, and Krantz (2011) found that nearly all shapes of marital abuse have been predominant in urban regions of Karachi, Pakistan. They chose 759 ladies between 20 and 60 years of age. Results appeared that predominance of emotional abuse among ladies was the foremost (81.8%). The event of physical and sexual mishandle among ladies was 56.3% and 53.4% respectively.

The report of Hausmann, Tyson, Bekhouche, and Zahidi (2014) uncovered that Pakistan is the second least performing nation within the world in terms of gender balance (Munshey, 2015). Another research was conducted by Khan and Sajid (2011) found that cultural traditions, lower social status, low education level, low wage, patriarchy, and in-laws’ unforgiving states of mind where major reasons of partner mishandle among rural ladies of Pakistan.

In other Asian nations as well, individuals are encountering all shapes of partner mishandle due to different reasons i.e., partners’ lack of education, unemployment, liquor addiction, low salary, and psychological disorders. It was seen that ladies were enduring partner mishandle for the purpose of children because of components like fear of social shame, hectic working conditions, dowry, and nonappearance of child. In any case, afterward on it emerges in a mental sickness incorporate depression, anxiety, and another psychopathology (Bhuiya, Sharmin, & Hanifi, 2003; Chaudhary, Girdhar, & Soni, 2009; Subramaniam & Sivayogan, 2001).

2.2. Association between Emotional abuse and Quality of Life

Despite this, research on the results emotional abuse in near connections for QoL are rare (Alsaker, Moen, & Kristoffersen, 2008). Past studies with moderately little population sizes in clinical settings (Poutiainen & Holma, 2013) or covers have appeared affiliations between emotional abuse and poorer QoL, outstandingly in ranges of mental wellbeing and social functioning.

As there are couple of studies have utilized a national survey to look at QoL and violence within the common population. A Danish study found negative impacts of later emotional abuse on QoL (Sørensen, Kruse, Gudex, Helweg-Larsen, & Brønnum-Hansen, 2012) whereas the affiliations between other sorts of abuse and QoL within the common population have remained ineffectively recognized. Despite the shortage of prove on abuse and QoL, it appears to be developing in connection to the results of diverse sorts of mental wellbeing issues (Trevillion, Oram, Feder, & Howard, 2012).

Adult male victims in close relationships are regularly hesitant to report their viciousness involvement (Johnson et al., 2000). Concurring to a precise audit of the literature, victimization rates among ladies and men are comparable, several studies have appeared that ladies exposed to emotional abuse are more likely than men to endure from anxiety and depression (Heiskanen & Ruuskanen, 2011).

In this context, a few research have too assessed the hypothesis that positive mental wellbeing may moreover impact natural working and eventually QoL (Antonella & Massimo, 2011). To this respect, within the past decade various research have appeared that low social and family support really makes individuals more helpless to emotional and mental ill-being.

Yousafzai (2018), Pakistan investigates prove affirms the harmful impact of emotional abuse, affecting social prosperity, physical wellbeing, and educational execution. In expansion to quick physical and emotional harm. As adults, they are more likely to create marital and sexual challenges, depression, suicidal behavior, or addictions and indeed they may have abbreviated life span (Thornberry & Henry, 2013).

Khan and Sajid (2011) found that individuals who have been mishandled or ignored may have diverse behavioral changes or emotional signs. They may incorporate the individual being pulled back, calm or have an awful mood, outrage upheaval or disruptive behavior, excessive crying, particular fear of a place or individual. In larger part of cases of emotional mishandling, 6depression, anxiety and sleep issues and terrible quality of life (Khan & Sajid, 2011). Hence, exceptionally small investigations have been conducted on this point in Pakistan.

For the end of an injurious marriage, a better marker than recurrence of physical savagery may instep be the seriousness of emotional mishandle, and over time, emotional mishandle can be as capable a control strategy as physical mishandle (Jacobson et al., 1996). Further, Banwell (2010) examined the effect of distinctive shapes of mishandle on ladies accepting administrations from a household viciousness office and found that both emotional abuse and physical abuse contributed to depression and low self-esteem. In general, emotional abuse inside marital relationships is common and is likely the foremost unavoidable shape of relationship abuse (Coker, Smith, McKeown, & King, 2000).

Lower Quality of Life (QoL) had been related with major mental clutters, such as depression (Zeng, Xu, & Wang, 2013) behavioral control and anxiety. These mental clutters are of concern to clinicians working in mental wellbeing administrations (Maeng et al., 2016).

Depression is predominant, a driving cause of inability around the world (Kessler & Bromet, 2013) and highlighted as a developing public wellbeing concern in both Western and Asian investigations. Patients with depression announcing lower QoL compared to other mental disorders, counting anxiety (Koivumaa-Honkanen et al., 2016). Life partner, work, and interpersonal exercises were the foremost affected utilitarian spaces in depression (Kamenov et al., 2016), moreover adverse results in low education, marital disturbance, unsteady employment, chance of secondary disorders, and early mortality due to suicide (Kessler & Bromet, 2013).

A later study inspected the QoL of Asian patients with constant mental disorders, specifically depression and affective disorders. Other than illness components, a extend of psychosocial components was found to contribute to QoL. Numerous of these components were socially delicate (Choo et al., 2018). research related to mental disorders and QoL in Asia and Singapore centered primarily on patients with one mental disorder, specifically behavioral control, anxiety, and depression (Cai et al., 2017).

The relative shortage of investigations on emotional abuse in comparison with investigation on physical or sexual violence. In part because of troubles in estimation, calculating exact predominance gauges for emotional abuse has been challenging. Besides, as can be seen from past investigations centering on marital relationship abuse is exceedingly interlaced (Black et al., 2011). However, there's constrained investigations that can unfold the complex interaction between marital relationship to emotional abuse and quality of life.

3. Theoretical Framework

The bridge between the variables comes from Erikson's theory of psychosocial development. Erikson's theory of psychosocial development proposes that individuals pass through an arrangement of stages centered on social and emotional advancement. Erikson accepted it was imperative that individuals develop close, committed connections with other individuals. As individuals enter adulthood these emotionally intimate connections play the basic part within the intimacy versus isolation stage. This sixth stage of development starts in early adulthood, 18-40 years of age and is centered on the arrangement of enduring connections. Such connections are frequently sentimental and sexual in nature. Erikson portrayed intimate connections as those characterized by closeness, genuineness, love and getting married (Erikson, 1963).

Success leads to strong relationships, whereas disappointment comes about in depression and isolation. However, determined isolation and loneliness influences mental wellbeing and quality of life as well.

Adults who suffer with this stage, encounter poor romantic and marital connections. They might never share profound closeness with their partners or might indeed suffer to create any relationship at all.

When the young adult fails to attain intimacy, this may result in distance, isolation, loneliness, and depression. Inevitably, quality of life influences which can lead to low self-esteem, and harm emotional well-being which may make person indeed less likely to wander out to create relationship.

Individuals who explore this period of life effectively can produce satisfying relationship with other individuals while failing, individuals face isolation and loneliness which is harmful to mental and physical health both and might lead to a poor quality of life. Lacking this connection can be damaging and might also struggle to form or develop close, romantic, or marital relationship. This plays a vital part in making association for both physical and mental wellbeing moreover improving the quality of living all through life (Kealy, Ben-David, & Cox, 2020).

Thus, this study examined the relationship of emotional abuse to develop mental health problems and quality of life. The following theoretical framework defines that the married individuals who have emotional abuse in it may lead the individual towards mental wellbeing issues and may influence their quality of life.

3.1. Hypothesis

Based on above-mentioned theoretical model following hypotheses are formed:

H1: There will be a significant relationship between emotional abuse to develop mental health problems among married individuals and its impact on their quality of life.

H2: There will be a significant role of emotional abuse to develop mental health problems among married individuals and its impact on their quality of life.

4. Methodology

4.1. Research Design

This study is a quantitative correlational survey design in which three self-report questionnaires have been used to evaluate the relationship between emotional abuse, mental health problems (depression, anxiety, behavioral/emotional control) and the quality of life among married individuals. The participants (male and female) have been approached by purposive sampling technique from the residents of Karachi, Pakistan and total participants were N=300.

4.2. Measures

4.2.1. Inform Consent Form

Participants were requested to sign an informed consent before administering the items of the selected scale and demographic form. The members were momentarily informed about the aim of the current research and their right to withdraw from the research at any time in the consent form. They were also be assured that their personal information and identity would be kept confidential.

4.2.2 Demographic Form

The demographic form was constructed to fulfill the inclusion criteria of the research. In this form basic information about the participants which is their gender, education, family structure, marital status, and time of their relationship questions were asked by providing the participants with demographic information form.

4.2.3. Emotional Abuse Questionnaire (EAQ)

The EAQ was created by Jacobson and Gottman (1998). They distinguished four categories of emotional abuse: destruction of pets and property, sexual coercion, isolation endeavors and degradation. The EAQ was based off this original study. It has 66 items surveying emotional abuse, each appraised on a 4-point recurrence scale (Never to Very Often).

The EAQ has four subscales: isolation, degradation, sexual abuse, and property damage. Inner consistency for the subscales is .92, .94, .72, and .82, separately. The isolation subscale has 24 items, degradation subscale has 28 items, sexual abuse subscale has 7 items and property damage subscale has 7 items.

The sub scales of EAQ which is degradation and sexual coercion is chosen for the current research due to its wide extend of distinctive designs of emotional abuse and its strong psychometric values.

4.2.4. Mental Health Inventory (MHI-18)

MHI-18 is a screening survey for mental wellbeing. This instrument is created by Veit and Product in 1983 for evaluation of mental wellbeing in common population. The MHI-18 is a shortened form of the 38-item Mental Health Inventory. It contains items evaluating anxiety, depression, emotional/behavioral control, and positive affect. Subjects are inquired to demonstrate how regularly they have experienced different feelings amid the earlier four-week period. Choices are given along a 6-point scale, extending from 1 (all of the time) to 6 (none of the time). The subscale and add up to scores range from 0-100, with higher scores showing superior mental wellbeing. Correlation between the MHI-18 and the longer version extended from 0.96 to 0.99 in different research. Cronbach's alpha coefficients were calculated to look at the internal consistency for the MHI-18. The alpha coefficient for the entire score was .93 and for the anxiety, depression, behavioral/emotional control, and positive affect were 0.80, 0.87, 0.78, and 0.83 separately. The discoveries recommend the MHI-18 is internally reliable. Reliability testing of the MHI-18 appeared the scale had great split-half reliability. Reliability coefficient of the MHI-18 by split- half strategy was .93.

4.2.5. Quality of Life Scale

QOLS made initially by American psychologist John Flanagan. The QOLS was initially a 15-item instrument. The instrument was extended to incorporate one more item: "Independence, doing for yourself" after a qualitative study that reflected the significance to these individuals of remaining autonomous and able to care for themselves. Burckhardt and Anderson (2003) found prove of test-retest and internal consistency reliability ($\alpha = .82-.92$). It is 7-point Scale which is "delighted" (7), "pleased" (6), "mostly satisfied" (5), "mixed" (4), "mostly dissatisfied" (3), "unhappy" (2), "terrible" (1).

5. Results

To test the hypotheses of the study the data was gathered and evaluated by using statistical package for Social Sciences (SPSS-version 22). A series of inferential and descriptive statistics were used to test the hypotheses.

5.1. Demographic Information of Sample

Table-1. Frequency and percentage of Demographic Variables (N=230)

Variable	F	%
Gender		
Male	150	65.2
Female	80	34.8
Age		
18-25	51	22.2
26-40	179	77.8
Spouse age		
18-25	45	19.6
26-40	185	80.4
Education		
Matric/ O-level	00	00
Intermediate/ A-level	17	7.4
Graduated	94	40.9
Postgraduate	119	51.7
Spouse education		
Matric/ O-level	8	3.5
Intermediate/ A-level	35	15.2
Graduated	102	44.3
Postgraduate	85	37.0
Type of marriage		
Love marriage	92	40.0
Arrange marriage	137	59.6
Family type		
Joint family system	141	61.3
Nuclear family system	89	38.7
Relationship with spouse before marriage		
Outsider	137	59.6
Cousin	60	26.1
Family friend/ relatives	33	14.3
Taking any therapy or help		
No	230	100
Yes	00	00
Variables	M	SD
Years of marriage	6.12	4.50
Number of children	2.01	1.54

Table 1 depicts the main demographic variables of the present study. It shows the distribution of the demographic variables into sub-categories based on demographic information of the participants of the study (N=230).

The answer of reason of staying in marriage was given by the participant that because of having children they cannot leave their marital relationship.

5.2. Descriptive Analysis

Table-2. Descriptive statistics and alpha reliability coefficient, univariate normality of study variable (N=230).

Scales	No. of items	A	M	SD	Skewness	K	Range	
							Actual	Potential
Emotional abuse	0.99	35	79.09	36.88	0.25	-1.63	35-138	35-140
Degradation	28	0.98	64.10	30.00	0.194	-1.67	28-112	28-112
Sexual coercion	7	0.96	15.01	7.55	0.36	-1.49	7-28	7-28
Mental health inventory	18	0.94	60.07	14.37	-0.18	-1.36	35-84	18-108
Depression	4	0.80	13.87	3.65	-0.32	-0.88	5-20	4-24
Anxiety	5	0.89	16.92	5.13	-0.11	-1.24	8-25	5-30
Behavioral control	4	0.73	14.37	3.47	-0.03	-1.20	8-20	4-24
Positive affect	4	0.86	14.90	3.73	0.26	-0.97	8-24	4-24
Quality of life	16	0.97	68.06	23.31	-0.33	-1.27	29-112	16-112

Note: α = Coefficient of Alpha, M= Mean, SD= Standard Deviation, SK= Skewness, K= Kurtosis.

Table 2 represents Mean, Standard Deviation, Skewness value, Kurtosis value, Actual and Potential Ranges. The Value of Skewness and Kurtosis shows that the data is normally distributed.

Table-3. Pearson Product Moment Correlation between emotional abuse, mental health and quality of life (N=230).

	EA	DG	SC	MH	ANX	DEP	BC	PA	QOL
EA	-	0.99**	0.93**	-0.82**	-0.77**	-0.70**	-0.72**	-0.74**	-0.89**
DG		-	0.89**	-0.82**	-0.77**	-0.69**	-0.71**	-0.75**	-0.89**
SC			-	-0.75**	-0.71**	-0.67**	-0.68**	-0.64**	-0.85**
MH				-	0.94**	0.88**	0.90**	0.83**	0.84**
ANX					-	0.80**	0.82**	0.71**	0.78**
DEP						-	0.77**	0.60**	0.69**
BC							-	0.67**	0.75**
PA								-	0.78**
QOL									-

Note: EA= Emotional abuse, DG= Degradation, SC= sexual coercion, MH= mental health, ANX= Anxiety, DEP=Depression, BC=Behavioral control, PA= positive affect, QOL= Quality of life.

Table 3 shows that there is significant strong negative correlation of emotional abuse with mental health and quality of life. However, the facets of EA also have a significant strong negative correlation with mental health and quality of life. Table also shows that there is a significant strong positive correlation with mental health and quality of life.

Table-4. Linear Regression Analysis showing the predicting role of emotional abuse on mental health (N=230).

Predictor	B	R ²	ΔR^2	95% CI	
				LL	UL
MH	-.82**	0.68	0.68	-0.35	-0.29

Note: β = standardized beta, LL= lower limit, UL= upper limit, CI= confidence interval, R²= R square, ΔR^2 = R square change, MH= mental health.

The Table 4 shows simple linear regression. It was conducted to find out the predicting role of emotional abuse on mental health among married individuals. The results show that 68% of variance is being caused by emotional abuse on mental health which is negative predictor and show that there is 68% chance of weakened mental health in the presence of emotional abuse.

Table-5. Linear Regression Analysis showing the predicting role of DG and CS on mental health (N=230).

Predictor	β	R ²	ΔR^2	95% CI	
				LL	UL
DG	-0.82**	0.67	0.67	-0.43	-0.36

Note: DG= degradation, SC= sexual coercion, β = standardized beta, LL= lower limit, UL= upper limit, CI= confidence interval.

The Table 5 shows simple linear regression. It was conducted to find out the predicting role of DG and SC on mental health among married individuals. The results show that 67% of variance is being caused by DG on mental health while SC is non-significant which shows that mental health is more affecting by the DG.

Table-6. Linear Regression Analysis showing the predicting role of emotional abuse on quality of life (N=230).

Predictor	β	R ²	ΔR^2	95% CI	
				LL	UL
QOL	-0.89**	0.80	0.80	-0.60	-0.53

Note: β = standardized beta, LL= lower limit, UL= upper limit, CI= confidence interval, R²= R square, ΔR^2 = R square change, QOL= quality of life.

The Table 6 above shows simple linear regression. It was conducted to find out the predicting role of emotional abuse on quality of life among married individuals. The results show that 80% of variance is being

caused by emotional abuse on quality of life which is the negative predictor and show that there is 80% chance of weakened quality of life in the presence of emotional abuse.

Table-7. Stepwise Regression Analysis showing the predicting role of DG and SC on quality of life (N=230).

Predictors	B	R ²	ΔR ²	95% CI	
				LL	UL
DG	-0.89**	0.79	0.793	0.73	-0.64
SC	-0.26**	0.80	0.015	-1.22	-0.42

Note: DG= degradation, SC= sexual coercion, β= standardized beta, LL= lower limit, UL= upper limit, CI= confidence interval.

The Table 7 shows stepwise regression. It was conducted to find out the predicting role of DG and CS on quality of life among married individuals. The results show the strongest predictor is DG which is causing 79% of variance which show negative predictor while SC have 1% of variance on quality of life and shows that DG is more affecting the QoL than SC.

Table-8. Linear Regression Analysis showing the predicting role of mental health on quality of life. (N=230).

Predictor	B	R ²	ΔR ²	95% CI	
				LL	UL
QOL	0.84**	0.701	0.70	1.24	1.47

Note: β= standardized beta, LL= lower limit, UL= upper limit, CI= confidence interval, R²= R square, ΔR²= R square change, QOL= quality of life.

The Table 8 above shows simple linear regression. It was conducted to find out the predicting role of mental health on quality of life among married individuals. The results show that 70% of variance is being caused by mental health in quality of life which is the positive predictor. It shows that quality of life improves with the good mental health.

Table-9. Step wise Regression Analysis showing the predicting role of PA, ANX, and BC on quality of life (N=230).

Predictors	B	R ²	ΔR ²	95% CI	
				LL	UL
PA	.789**	0.62	0.62	4.42	5.43
ANX	.445**	0.71	0.09	1.55	2.47
BC	.220**	0.73	0.01	.641	2.29

Note: PA=positive affect, ANX= anxiety, BC= behavioral control, β= standardized beta, LL= lower limit, UL= upper limit, CI= confidence interval.

The Table 9 shows stepwise regression. It was conducted to find out the predicting role of PA, ANX, and BC on quality of life among married individuals. The results show the strongest predictor is PA which is causing 62% of variance, followed by ANX which is 09% and 1% of BC. Hence it can be concluded that among all the variables PA is producing more change in quality of life.

* To see the prediction of facets of mental health we applied the stepwise regression in which depression was not included as it was non-significant.

6. Discussion

The current research was conducted to find out the role of emotional abuse to develop mental health problems among married individuals and its impact on their quality of life. Moreover, find out the relationship of emotional abuse to develop mental health problems among married individuals and its impact on their quality of life. For the analysis of results Statistical package of social sciences (SPSS-22) was used which reveals a statistically significant relationship among the studied variables.

The demographic of the study is presented in Table 1, which shows that 65.2% males participated in the study while 34.8% were females. The study included participants of 18-40 years of age. However, 22.2% participants belonged to the group of 18-25 years of age and 77.8% of 26-40 years of age group. Participants have different educational level which is 7.4% were done with intermediate, 40.9% were graduated and 51.7% were post graduated. Moreover, 40% of participants have a love marriage and 59.6% have arranged marriage. 61.3% have joint family system and 38.7% participants have nuclear family system. However, 59.6% participants married with outsider, 26.1% with cousin and 14.3% with family friends. Though for most of the participants, their children are the reason for staying in the marriage.

The reliability of scales used in the present research as shown in Table 2, indicates the Cronbach alpha of emotional abuse scale (α= .99), mental health inventory (α=.94) and quality of life scale (α=.97) which reveals a strong reliability of these scales. It was shown in data that value of skewness and kurtosis is normally distributed.

It was hypothesized that there is a significant relationship between emotional abuse to develop mental health problems among married individuals and its impact on their quality of life. Pearson product correlation was applied in Table 3, shows that there is a significant strong negative correlation of emotional abuse with mental health and quality of life. This indicates that if an individual emotionally abused by sexual coercion and degradation, his/her mental health and quality of life will be deteriorated or weakened. Table also shows that there is a significant strong positive correlation with mental health and quality of life. It indicates that if individual's mental health is better, the individual's quality of life would also better.

Witnessing emotional abuse is additionally victims of savagery in close relationships. Although both men and ladies are exposed to emotional maltreatment in close relationships (Devries et al., 2013). Exposure to emotional abuse is related with deteriorations in both brief- and long-term health and well-being, as well as with expanded chance of suicide, physical wounds, and long-term mental issues not as it were among victims (Bair-Merritt et al.,

2008) but moreover among their children. The negative wellbeing results of emotional abuse among victims may hold on indeed after the abuse has finished (Bonomi et al., 2009).

Another hypothesis was also made that there is a significant role of emotional abuse to develop mental health problems among married individuals and its impact on their quality of life. The Table 4, shows simple linear regression. It was conducted to find out the predicting role of emotional abuse on mental health among married individuals. The results show that 68% of variance is being caused by emotional abuse on mental health which is negative predictor and show that there is a 68% chance of weakened mental health in the presence of emotional abuse. It is proposed that emotional abuse contains a more prominent potential to influence one's mental wellbeing given by a person whom the victim trusts (Herman, 2012).

In a meta-analytic report given by Golding (2008), it was recommended that mental health issues such as suicidal ideation, substance mishandle, PTSD, anxiety and depression happen three to five times more regularly in survivors of emotional abuse in marital relationship (Golding, 2008). Such discoveries have been upheld by numerous analysts who have similarly illustrated that emotional abuse has an unfavorable impact on mental health (Coker et al., 2002).

The Table 5, shows simple linear regression. It was conducted to find out the predicting role facets of emotional abuse which is degradation (DG) and sexual coercion (SC) on mental health among married individuals. The results show that 67% of variance is being caused by DG on mental health while SC is non-significant which indicate that degradation which include verbal, non-verbal assaults, threatening, rejecting and humiliation playing a major role in distressing the mental health. Whereas sexual coercion has no significant role in disturbing mental health of married individual.

The Table 6, shows simple linear regression. It was conducted to find out the predicting role of emotional abuse on quality of life among married individuals. The results show that 80% of variance is being caused by emotional abuse on quality of life which is the negative predictor and show that there is 80% chance of weakened quality of life in the presence of emotional abuse. A study found that emotional or sexual abuse was strongly related with worse health results and quality of life (Follingstad, Rutledge, Berg, Hause, & Polek, 1990). One of the foremost critical discoveries was that combinations of abuse had a more grounded affiliation with lower QoL and more prominent psychological distress than exposure to a single sort (Domenech & Sirvent, 2017).

However, Table 7 shows stepwise regression. It was conducted to find out the predicting role of degradation (DG) and sexual coercion (CS) on quality of life among married individuals. The results show the strongest predictor is DG which is causing 79% of variance that show a negative predictor while SC have 1% of variance on quality of life. It indicates that emotional abuse in which DG has again significant outcome on quality of life rather than SC.

Table 8 shows simple linear regression finding out the predicting role of mental health on quality of life among married individuals. The results show that 70% of variance is being caused by mental health on quality of life which is the positive predictor. It shows that quality of life enhances with the maintenance of good mental health. The concept of QoL has continuously moved from an entirely sociological and objective viewpoint to a psychological viewpoint in which the individual's sense of well-being gets to be an essential measurement of QoL.

In Table 9, stepwise regression was conducted to find out the predicting role of the facets of mental health; PA, ANX, and BC on quality of life among married individuals. The results show the strongest predictor is PA which is causing 62% of variance, followed by ANX which is 09% and 1% of BC. Hence it can be concluded that among all the variables PA is producing more change in quality of life. However, depression was non-significant. Result suggests that married individuals can improve their quality of life by working on their positive affect.

Positive characters lead to ideal working not as it were by empowering positive emotions but moreover in them possess right by encouraging lives characterized by engagement, meaning, and fulfilling relationships with others (Peterson, Ruch, Beermann, Park, & Seligman, 2007). In like manner, positive characteristics contribute to hedonic and eudemonic well-being. Although distinguishable, these sorts of well-being are not incongruent and may indeed be synergistic in creating a full life (Keyes, Fredrickson, & Park, 2012).

6.1. Conclusion

The research uncovers that there's a significant strong negative correlation of emotional abuse with mental health and quality of life. However, emotional abuse is a significant negative predictor on mental health and quality of life among married individuals. Research too illustrates that mental health is a positive predictor on quality of life among hitched individuals.

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