

Original Article



Childhood Psychological Maltreatment, Aversion to Happiness and Well-being in Young Adults

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Abstract

Objective: To explore the relationship among childhood psychological maltreatment, aversion to happiness, and subjective well-being in young adults, also to determine the role of childhood psychological maltreatment and aversion to happiness in predicting well-being.

Methodology: A Correlational cross-sectional research design was used. The sample size comprised two hundred university students (N = 200) with an age range of 18 to 26 years old (M = 21.02, SD = 1.59), including 84 men and 111 women. Data was collected from different universities in Lahore using self-constructed demographic information sheet and related scales. Data was analyzed using SPSS-26. Pearson product-moment correlation, multiple hierarchical regression, and t-test analyses to test the hypotheses.

Results: The result illustrated that psychological maltreatment was positively related to aversion to happiness ($r = .23, p < .01$) and negatively related to well-being ($r = -.29, p < .01$) in young adults. Further, aversion to happiness was found to be negatively related ($r = -.17, p < .05$) to well-being among young adults. It was also found that psychological maltreatment significantly negatively predicted well-being ($\beta = -.25, p < .01$); however, aversion to happiness did not predict it. The result also presented gender differences in terms of emotional well-being in men and women indicating higher scores in men, however, no gender differences were found in terms of childhood psychological maltreatment and aversion to happiness.

Conclusion: It is concluded that childhood psychological maltreatment and aversion to happiness have a detrimental impact on the well-being of young adults.

Keywords: Adolescent, Child abuse, Mental health, Psychological well-being, Young adult.

Introduction

According to the WHO, child maltreatment refers to abuse and disregard of children under the age of 18 years old by their caregivers or parents, or authority figures. This abuse can take various forms, including verbal abuse, causing dread or fear, dismissive behavior, name-calling, isolation, and gaslighting. Childhood psychological maltreatment is also called child emotional abuse, which affects children's overall health, resilience, and ability to trust those who have responsibility. Not only does it affect this aspect, but it also impacts children's self-esteem, well-being, emotional development, self-worth, and self-acceptance.¹ Psychological maltreatment or emotional abuse is not obvious or observable as in physical abuse.² Child specialists can measure emotional maltreatment through a child's distracting behavior and their social relationship with caregivers and parents. It only happens within the boundaries of the home and is due to the people who live in it. It does not involve any physical harm, violence, or physical injuries.³

While some children may develop coping mechanisms to navigate through instances of childhood psychological maltreatment, the persistent presence of triggers in their environment can significantly compromise their well-being as they transition into young adulthood. Caregivers or parents who had suffered or "Individuals with experienced child abuse are more probably to perpetuate the cycle with their own children.⁴ children who are being raised in community marked by violence and poverty,⁵ alongside having young or unprepared parents with having unfortunate impulse control, the problem showing empathy for their child, trouble valuing the qualities of the kid, have emotional well-being issues, being a sufferer of relational violence.⁶ Furthermore, caregivers or parents who involve in drugs or families who might have a high rate of unemployment or have inadequate parenting styles or have a high rate of childbirth, significantly heightens the risk of childhood psychological maltreatment.⁷

The outcomes of childhood psychological maltreatment in any structure or way can be severe and frequently endure well into adulthood. Multiple directions help in the identification of psychological maltreatment. Those signs are of low-esteem, silence in social gatherings, avoidance personality, fear of happiness, low physical or mental well-being, the sign of anxiety, low performance in school, low rate of emotional development, difficulty in expressing emotions and always seeking endearment, love, and care from other friends or relations.⁸

Aversion to happiness /fear of being happy, the people going through this phobia are afraid of participating in activities characterized as fun or happy.⁹ The fear of happiness, also known as chrophobia, is not classified as a clinical disorder by the DSM-5, but various studies

have started to scientifically validate its existence.¹⁰ It can be identified as a state of stress while going to any social occasions, including formal and informal cheerful gatherings, refusing those opportunities that can direct to a positive life experience due to fear that something bad will come after, and refusing to participate in activities that most would call fun.¹¹

Research has been conducted to find the relation between different personality styles, particularly agreeableness (being confirmative)¹² and neuroticism (experiencing negative emotions)¹³ with fear of happiness. Sometimes cultural values i.e. believe in foreboding¹⁴ or evil eye,¹⁵ especially in eastern countries, increases the chance of fear of happiness. These continuous feelings of dismissing those potential open doors that could bring positive or happy life-altering events, because of fear that something terrible will follow.¹⁶ They may end up suppressing their negative emotions like sadness and anger, which can harm their well-being. Well-being is a state of being happy, healthy, feeling good, achieving good relationships, social stability, and peace. Creating a sense of belonging while embracing diversity requires open communication, establishing boundaries, and showing mutual respect, regardless of our differences.¹⁷

There is a link between childhood psychological maltreatment and aversion to happiness and well-being. When children are not treated with care, respect, and love, a sense of pessimism will develop in them. Later in life, this adverse effect will on their well-being. When children are not treated well it will affect their mental health and their behavior. Psychological maltreatment can lead to impaired everyday function and psychological distress. Childhood is considered decisive duration to recognize of their own and others' feelings and identify norms.¹⁸

To put it in a nutshell, individuals who have experienced psychological maltreatment during childhood are more prone to develop attachment-related personality issues and engage in harmful behaviors towards themselves and others.¹⁹ They also tend to report lower subjective well-being and face difficulties in adapting to their relationship life.²⁰ The research also explored the relationship between childhood emotional abuse and emotion deregulation in young adults.²¹ These individuals often struggle with a range of psychological challenges including posttraumatic stress disorder, anxiety, and depression.²² Further, they also experience low self-esteem which affects their social, emotional, and psychological well-being.²³ Moreover, those who are emotionally abused in childhood are more likely to develop fear of happiness and report lower life satisfaction. Numerous adverse childhood experiences can negatively impact their psychological well-being leading to emotional instability throughout their lives.²⁴ It is stated that a person's wellbeing is typically higher when they grow up in a happy and abuse-free environment. Conversely, when they are mistreated during

childhood, they develop a sense of low self-esteem and feelings of neglect, which destroys their well-being. Well-being represents being healthy, either mentally or physically,²⁵ and individuals who faced psychological abuse in childhood, experience low well-being throughout their developmental period. Findings also indicate that psychological maltreatment is a negative predictor of well-being. Additionally, they have a smaller social circle because of low confidence and hence have poor psychological well-being.²⁶ So based on the above discussion, the objective of the present study to explore the relationship between childhood psychological maltreatment, aversion to happiness, and subjective well-being in young adults, also to determine the role of childhood psychological maltreatment and aversion to happiness in predicting well-being in young adults.

Consequently, the following hypotheses were formulated:

- Childhood psychological maltreatment and aversion to happiness will be negatively related to well-being in youth.
- Childhood psychological maltreatment and aversion to happiness will likely to be negative predictors of well-being.
- The study expects to find gender differences in term of study variables.

Methodology

This correlational cross-sectional research was conducted at the Department of Applied Psychology, University of Management and Technology, from October 2022 to August 2023. The data was collected from two hundred university students (N = 200) with an age range of 18 to 26 years old (M = 21.02, SD =1.59), including 84 men and 111 women. The sample size was determined using the G*Power formula²⁷ ($N > 50 + 8m$). Using this formula, the minimal sample size was $122 (50 + 8 \times 9 = 122)$, m denotes the number of predictors in the model. As a result, the final sample size of 200 individuals was more than sufficient to achieve statistical power. Data were collected from students of Bahria University, Minhaj University, Government College University, and the University of Management and Technology. The convenience sampling technique was used to access the sample. Students aged 18 and above were included, while students with any form of disability, i.e., deaf, blind, or intellectual disability, were excluded. The data was collected by using the following assessment measures:

The demographic information included age, gender, education, and relationship status. number of a sibling, your number in sibling, family status, the total number of members who earn, family monthly income, residence (rural, urban), residential status, the relationship of parents, the relationship of parents with each other,

relationship with sibling, physical and psychological issues were taken.

Psychological Maltreatment Questionnaire-Short Form²⁸ measured childhood emotional/psychological abuse in young adults using 12 items with two subscales emotional unresponsiveness and abusive behavior. A 4- points Likert scale (1=Never, 2= Rarely, 3=Often, and 4= always) was used and higher cumulative score reflecting greater experience of psychological maltreatment. This scale has reliability range between 0.83 and 0.95.

Fear of Happiness Scale²⁹ was employed to measure aversion to happiness. These 5 items scale with a Likert type of scale with 7 points (1 = Strongly disagree, 2 = Somewhat disagree, 3= A little disagree, 4 = Neither Agree or Disagree, 5 = A little agree, 6 = Somewhat agree, 7= Strongly agree). The scale's scoring method involves summing item responses, and higher scores indicating greater aversion to happiness. This scale has a reliability of .86.

The Mental Health Continuum-Short Form³⁰ was assessed to measure the well-being in young adults. It consisted of 14 items along with 3 dimensions of well-being: hedonic measures of emotional well-being, eudaimonic measures of social well-being, and eudaimonic measures of psychological well-being. The 5 points with a Likert-type scale, including (0= Never, 1 = Once or Twice, 2 = About Once a Week, 3 = Two or three Times a Week, 4 = Almost Every Day, and 5 = Every Day). The scale scores are summed up to produce a total score, with higher scores indicating higher well-being. This scale demonstrates good reliability of .80.

All the ethical guidelines were followed during data collection. Firstly, permission was acquired from all authors of the scales that were used in our study. Additionally, permission to collect data was gained from the concerned. Secondly, all participants were informed, and consent was taken from them. They were briefed of their right to withdraw at any time and confidentiality was ensured during research and data collection. Finally, the results of the study were reported honestly.

The data was analyzed by using SPSS 26. After screening the data, the analysis was performed for measuring descriptive statistics and Cronbach's alpha of all scales and subscales. To investigate the relationship between psychological maltreatment, aversion to happiness and well-being, Pearson Product Moment Correlation was carried out. Additionally, Multiple hierarchical regression analysis was analyzed to see the prediction of well-being. Lastly, an independent t-test was performed to test the hypothesis of gender difference in term of study variables Results were considered significant at $p < 0.05$ level.

Results

The demographic characteristics of the participants indicated 42% men and 57% women. Most of the participants were single ($n=171$, 88%), 7% ($n=15$) were engaged and 4% ($n=8$) were married. Moreover, 68% ($n=133$) had siblings below 4 and 31% ($n=61$) had more than 4 siblings and the majority 35% ($n=69$) were middle born, 1.5% ($n=3$) were only children, 28% ($n=56$) were first born, and 31% ($n=61$) were last born. It is also reported that 76% ($n=148$) belongs to the nuclear family system. Moreover, 77% ($n=151$) had urban residency and 22% ($n=43$) had rural residency. It has also been documented that 62% ($n=121$) lived with their families, 31% ($n=61$ in hostels and 6% ($n=12$) lived with their relatives. The average income was reported as 317898.82.

The result of Table 1 showed psychological maltreatment questionnaire reported .84 and its subscales emotional unresponsive and abusive behavior showed .84, and .73 reliabilities respectively. The fear of happiness scale showed .81 reliability. Further mental health continuum scale reported .89 reliability, and its subscales ranged from .75 to .84. So, the reliability of all the scales was good enough to carry out further analyses. The result of reliability analyses in table 1 showed satisfactory reliability of all scales. Therefore, this suggests that all the scales have sufficient reliability to conduct further analyses (Table 1).

As shown in Table 2, psychological maltreatment was associated with increased aversion to happiness and decreased well-being in young adults. Further, aversion to happiness was found to be negatively related to well-being among young adults. The same trend was found between the subscales. The result also showed that the emotional irresponsibility of psychological maltreatment was negatively related to overall well-being and its subscales. In addition, abusive behavior is negatively related to aversion to happiness and emotional well-being in young adults. Further, the relationship between demographic variables and the study variables was also measured. The result showed that gender and education were negatively related to emotional well-being, while physical issues and psychological issues were negatively related to well-being

in young adults.

As shown in Table 3, the model explained 19% of the total variance, with a significant $F(7, 130) = 86.86$, $p < .001$. The results narrated that psychological maltreatment significantly negatively predicted well-being ($\beta = -.25$, $p < .01$) among young adults. However, aversion to happiness did not predict it. The result also showed that gender ($\beta = -.18$, $p < .01$) and physical issues ($\beta = -.17$, $p < .01$) significantly negatively predict well-being in young adults.

The same analyses were performed with the subscales of well-being. The results showed that the overall variance explained by the model of emotional well-being with 19% with $F(7,130) = 57.56$, $p < .001$. The result showed that psychological maltreatment negatively predicted emotional well-being ($\beta = -.29$, $p < .01$) in young adults. Further, aversion to happiness did not predict emotional well-being in young adults. However, gender and psychological issues negatively predicted emotional well-being in young adults. The overall variance explained by the second model of social well-being was 16 % with $F(7,130) = 106.93$, $p < .001$. The result showed that psychological maltreatment and aversion to happiness did not predict social well-being in young adults. However, gender and physical issues significantly negatively predicted social well-being in young adults. The overall variance explained by the third model of psychological well-being was 16% with $F(7,130) = 135.36$, $p < .001$. The result showed that psychological maltreatment significantly negatively predicted psychological well-being ($\beta = -.25$, $p < .01$) in young adults. However, aversion to happiness did not predict psychological well-being in young adults. Further, physical issues significantly negatively predicted psychological well-being in young adults.

Table 4 showed the result of t-test which signify that there is a gender difference in emotional well-being, the result reveals a significant difference between males and females with ($M = 9.77$, $SD = 3.96$), ($M = 8.65$, $SD = 3.74$). However, no other variable showed gender difference.

Table 1. Psychometric Properties for Scales and Sub-scales

Scale	k	M	SD	Range	Cronbach's α
Psychological Maltreatment Questionnaire	12	20.66	6.77	12-41	.84
Emotional Unresponsive	6	11.34	4.32	6-23	.84
Abusive Behaviour	6	9.32	3.46	6-21	.73
Fear Of Happiness Scale	5	18.39	7.31	5-35	.81
Mental Health Continuum-Short Form	14	39.60	14.84	14-70	.89
Emotional Well-being	3	9.13	3.87	3-15	.82
Social Well-Being	5	11.97	5.89	5-25	.75
Psychological Well-being	6	18.50	7.31	6-30	.84

Table 2. Descriptive Statistics and Correlation for Study Variables

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13
1.Gender ^a	-	.01	.09	-.14	-.12	-.03	-.07	.04	.04	-.13	-.14*	-.14	-.08
2.Education	-	-	-.09	.10	.14	.01	.03	-.02	.01	-.09	-.16*	-.09	-.05
3.Family Monthly Income	-	-	-	-.05	-.01	.09	.14	.01	.04	-.03	.05	-.13	.03
4.Physical Issues	-	-	-	-	.17*	.09	.09	.06	.12	-.16*	-.11	-.12	-.18*
5.Psychological Issues	-	-	-	-	-	.15*	.11	.17*	.17*	-.17*	-.22**	-.13	-.11
6.Psychological Maltreatment	-	-	-	-	-	-	.89**	.83**	.23**	-.29**	-.33**	-.17*	-.28**
7.Emotional Unresponsive	-	-	-	-	-	-	-	.50**	.12	-.38**	-.35**	-.28**	-.36**
8.Abusive Behaviour	-	-	-	-	-	-	-	-	.29**	-.09	-.19**	.02	-.09
9.Aversion to Happiness	-	-	-	-	-	-	-	-	-	-.17*	-.16*	-.15*	-.15*
10.Well-being	-	-	-	-	-	-	-	-	-	-	.83**	.85**	.90**
11.Emotional	-	-	-	-	-	-	-	-	-	-	-	.61**	.67**
12.Social	-	-	-	-	-	-	-	-	-	-	-	-	.59**
13.Psychological	-	-	-	-	-	-	-	-	-	-	-	-	-

^a1= men, 2= women. *p<.05. **p<.01

Table 3. Multiple Hierarchic Regression Results for Well-being

Predictors	1	95% of CI		4	5	6	7
	B	LL	UL	SE B	β	R ²	ΔR ²
Step 1							
Constant	61.16***	32.57	89.74	14.44		.12	.12**
Gender a	-5.93*	-11.00	-.87	2.56	-.19*		
Education	-.75	-2.62	1.12	.95	-.07		
Family Monthly Income	-2.34	.00	.00	.00	-.02		
Physical issues	-10.63*	-19.36	-1.89	4.42	-.20*		
Psychological issues	-9.09	-18.49	.32	4.76	-.16		
Step 2							
Constant	75.06***	46.23	103.89	14.57		.19	.07**
Gender a	-5.86*	-10.75	-.97	2.47	-.18*		
Education	-.88	-2.69	.93	.91	-.07		
Family Monthly Income	1.67	.00	.00	.00	.01		
Physical issue	-9.69*	-18.14	-1.25	4.27	-.18*		

Psychological issue	-7.44	-16.58	1.69	4.62	-.13		
Psychological Maltreatment	-.61**	-.97	-.24	.19	-.26**		
Step 3							
Constant	76.34***	47.17	105.51	14.74		.19	.00
Gender a	-5.67*	-10.61	1.69	2.49	-.18*		
Education	-.89	-2.69	.92	.92	-.08		
Family Monthly Income	1.87	.00	.00	.00	.01		
Physical issue	-9.16*	-17.79	-.53	4.36	-.17*		
Psychological issue	-7.17	-16.37	2.02	4.65	-.13		
Psychological Maltreatment	-.58**	-.96	-.21	.19	-.25**		
Aversion to Happiness	-.11	-.46	.21	.18	-.05		

a1= men, 2= women. *p<.05. **p<.01. ***p<.001.

Table 4. Mean Comparison of Male and Female Groups on Study Variables

Variables	Male		Female		t(192)	p	Cohen's d
	M	SD	M	SD			
Psychological Maltreatment	20.89	6.79	20.49	6.77	.40	.68	-
Emotional unresponsive	11.7	4.33	11.0	4.31	1.02	.31	-
Abusive behaviour	9.18	3.45	9.42	3.47	-.482	.63	-
Aversion to happiness	17.98	6.63	18.69	7.79	-.66	.51	-
Well-being	41.79	14.72	37.96	14.79	1.79	.08	-
Emotional well-being	9.77	3.96	8.65	3.74	1.99	.05	.29
Social well-being	12.89	5.95	11.27	5.78	1.89	.06	-
Psychological well-being	19.13	6.96	18.02	7.54	1.043	.29	-

Discussion

The finding of the present study highlights the positive relationship between childhood psychological maltreatment with an aversion to happiness and a negative relationship with well-being. These findings align with research conducted by Brassard,³¹ who investigated psychological maltreatment as a major crisis for young adults' safety and well-being. The sample included young adults with an average age of 17 years. Findings showed that parents should change their parental style in a specific sensitivity to modify the use of psychologically aggressive disciplinary practices. Further, results showed that psychological maltreatment and aversion to happiness were negatively related to well-being in young adults. Another review was conducted by Tengxu³² to measure the relationship between childhood maltreatment and well-being, and social support as mediators. The sample was 25113

participants, including the age range of 18-25. The results showed that more than 50% of the research sample faced childhood maltreatment with psychological problems, generalized anxiety, and depressive disorders. However, coping strategies and social help as loved ones helped in improving their well-being. Parental acceptance-rejection (PAR) theory by Roher (1980) suggested that a parent's affection, praise, and warmth affect a child's emotional development and well-being, likewise their neglect. Parental neglecting and rejecting behaviors show a lack of care and love by using psychologically hurtful actions. Parental or caregivers' neglecting behavior is about how their abusive and neglecting behavior impacts on child's well-being, emotions, and behavior.

The current study also highlights that childhood psychological maltreatment has a negative relationship with well-being in young adults. These findings aligned with a previous study conducted by Jankovic,³³ which

explained childhood psychological maltreatment as a post-traumatic event and how it impacts well-being among young adults. The sample included 537 participants aged 18- 25. The results showed childhood psychological maltreatment was a traumatic event for those young adults who experienced it in childhood, and it affected their psychological well-being. So, this also confirms the conclusion of the current study that psychological maltreatment is negatively related to mental well-being. Those who are high in psychological maltreatment have a more elevated degree of aversion to happiness and a less degree of mental well-being.

Another study conducted by Arslan³⁴ distinguished the relationship of psychological maltreatment's effect on well-being in secondary school young people. The sample comprised of 937 participants (46.4% male and 53.6% female) going in age from 14 to 19 years. The outcome showed that mentally abused young people had a low degree of fulfillment with life and low confidence contrasted with the individuals who were not maltreated. Accordingly, mental abuse prompts a few unwanted ways of behaving for people's psychological wellness and prosperity. It recommends that mental abuse is connected with a few adverse results for youths, and there is a critical and negative relationship between psychological maltreatment and well-being.

The present study also highlighted that childhood psychological maltreatment negatively predicted the well-being of young adults. A study was carried by Salmeron³⁵ for measure the consequence of psychological abuse on the well-being of two groups of young adults. The sample was 636 college students including 377 victims of psychological maltreatment and 259 nonvictims with an age range of 18 to 24. The result showed that well-being was positively related to the time duration since they left their abusive environment which is consistent with the study that high psychological maltreatment predicted low psychological and social well-being in young adults.

As childhood psychological maltreatment showed a negative prediction the well-being but aversion to happiness did not demonstrate a predictive relationship with well-being. The absence of a predictive relationship between aversion to happiness and well-being can have possible reasons. One possible reason for the lack of prediction between the variables is the influence of mediating or moderating variables that were not included in your study, which can be personality traits or any demographic factors. The exclusion of such factors from the study could have covered an expected association between study variables in young adults. Cultural values related to happiness could also impact the relationship between these variables, with changing assumptions for emotional communication can affect well-being across different cultures. Another reason can be a methodological need to be considered in study. Other qualitative methods, i.e. interviews and observation, could provide a different perspective

related to these variables. However, sample size and additional demographic variables of participants could influence the generalizability of the study outcomes. Varieties in age, orientation, financial status, and different variables could add to measuring the relationship between aversion to happiness and well-being by Khumalo.³⁶

Research has been conducted to find some relation between different personality styles and fear of happiness. Agreeableness is defined as being altruistic, being supportive of society, following societal rules and norms being more involved in good causes and deeds.³⁷ Agreeableness is considered a predisposed factor that fosters fear or aversion towards happiness. Because they are likely to be followers of social rules and group cohesion, maintain group harmony, and be confirmative to others. Neuroticism is one of the personality traits that consists of irritability, negative emotions, and anger. An individual with neuroticism shows difficulty presenting their moods, feelings, expressions, and affection as well.³⁸ Such a type of personality trait represents a high tendency towards happiness or expresses more impulsive acts and considers them hostile.³⁹

The present study also highlighted significant gender differences in terms of well-being among young adults. A study conducted by Geng⁴⁰ analyzed the impact of gender on the psychological well-being of children. Additionally, it examined key and resilience indicators associated with gender and children's psychological well-being. The sample comprised 2466 children aged 10 and 15 years. According to the findings, Chinese girls reported better psychological well-being than boys, which contrasts with our study. However, the present study showed higher mental well-being in males than in females.

Another study conducted by Hagborg⁴¹ identified the gender differences with emotional maltreatment and mental problems in Swedish adolescents. The sample included 1134 students. The study revealed that even at lower levels of emotional maltreatment, girls experienced a larger decline in their mental health and well-being compared to boys. And girls expressed greater declines in mental balance due to emotional maltreatment, which is consistent with the present study. Another study conducted by Droogenbroeck⁴² aimed to explore the correlation between friendly help and emotional well-being among young adults in Belgium. The sample included 743 participants aged from 15-25 years. Distinctions in gender difference were found for mental distress, uneasiness, and despondency with girls revealing fundamentally higher scores than boys which also confirms that girls had lower mental well-being than boys.

The present study also highlighted the relationship between demographic variables and the study variable. The results of the present study displayed that gender

and education were negatively related to emotional well-being while physical and psychological issues were negatively related to mental well-being in young adults. A study conducted by Madrigal⁴³

what gender and age mean for the well-being of young adults. The sample included young grown-ups of 18 to 25 years. Results showed that well-being changes altogether with age and gender. gender was engaged with the securing of good healthy results, profoundly expecting issue centered adapting strategies.

The findings were consistent with the present study that gender is negatively related to well-being. Another study conducted by Aarons examined the relationship between psychological and physical well-being problems in the youth of the public sector. The sample included youth between age ranges of 9 to 18 years. The findings indicate that psychological and physical problems negatively affect the well-being of youth which also confirms the results of the present study.

As childhood psychological maltreatment showed negatively predicting the well-being but aversion to happiness did not show any prediction with well-being. The absence of a predictive relationship between aversion to happiness and well-being can have possible reasons. One possible reason for the lack of prediction between the variables is the influence of mediating or moderating variables that were not included in your study which can be personality traits or any demographic factors by Wang.⁴⁴ The exclusion of such factors from the study could have covered an expected association between aversion to happiness and well-being in young adults. Cultural values related to happiness could also impact the relationship between these variables, with changing assumptions for emotional communication can have an effect on well-being across different cultures. Another reason can be a methodological need to be considered in study. Other qualitative methods i.e., interviews and observation, could provide a different perspective related to these variables. However, sample size and additional demographic variables of participants could influence the generalizability of the study outcomes. Varieties in age, orientation, financial status, and other variables could add to measuring the relationship between aversion to happiness and well-being.

The present study has the following limitations. Main limitations of the study is the limited sample size. The sample size was relatively small. As a result, the study's findings may not be widely applicable, and results should be interpreted with caution. Secondly, sample was taken from different geographical territories. For the generalization of the result, it is suggested to collect the data from other age samples. A comparison study between young adults and middle adults could have been done. Another limitation of the study was the sample was taken from Lahore-based universities only. A variety of samples would be accomplished in

the study if it was taken nationwide. The sample should be larger and should be taken from different ethnicity and the general public so the results can be generalized. Another limitation of the study was that it its reliance on quantitative methods for the study. It is suggested that qualitative research is needed to done to understand the present issue in more depth.

The present study has following implications: Findings of the present study showed a significant impact of psychological maltreatment and aversion to happiness on well-being, this helps the counselor and mental health workers to develop an effective intervention for young adults and their parents or caregivers. Educational Counsellors and mental health workers design prevention programs that should be parents' or caregivers' focused intervention to decrease negative outcomes of childhood psychological maltreatment and aversion to happiness on well-being. Early childhood psychoeducational programs are developed to educate parents or caregivers to promote family protective factors i.e., Communication skills, and specific parenting skills. Child-parent/caregiver interaction must be promoted in such programs through appreciation of their children. Psychological maltreatment and aversion to happiness are highly unpublicized issues due to cultural values in Eastern societies. So, this study can be helpful in facilitating young adults in their personal lives.

Conclusion

This study reveals a negative correlation between childhood psychological maltreatment and aversion to happiness, which together impact the well-being of young adults. Notably, childhood psychological maltreatment and aversion to happiness are significant predictors of poor well-being in this age group. Additionally, physical and psychological issues exacerbate the negative relationship between childhood trauma, aversion to happiness, and overall well-being, encompassing emotional, social, and psychological aspects. While no significant gender differences were found in experiences of psychological maltreatment, aversion to happiness, or overall well-being, emotional well-being differed significantly between males and females.

References

1. Glaser D. Emotional abuse and neglect (psychological maltreatment): A conceptual framework. *Child Abuse Negl* 2002;26(6):697-714. DOI: 10.1016/S0145-2134(02)00342-3.
2. Gibb BE, Chelminski I, Zimmerman M. Childhood emotional, physical and sexual abuse, and diagnoses of depressive and anxiety disorders in adult psychiatric outpatients. *Depress Anxiety* 2002;24(4):256-63. DOI: 10.1002/da.20238.
3. Liu F, Yu T, Xu Y, Che H. Psychological maltreatment and aggression in preadolescence: Roles of temperamental

- effortful control and maladaptive cognitive emotion-regulation strategies. *Child Abuse Negl* 2023;135:105996. DOI: 10.1016/j.chiabu.2022.105996.
4. Moran P, Bifulco A, Ball C, Jacobs C, Benaim K. Exploring psychological abuse in childhood: I. Developing a new interview scale. *Bull Menninger Clin* 2002;66(3):213-40. DOI: 10.1521/bumc.66.3.213.23367.
 5. Ruggeri K, Garcia GE, Maguire Á, Matz S, Huppert FA. Well-being is more than happiness and life satisfaction: A multidimensional analysis of 21 countries. *Health Qual Life Outcomes* 2020;18:1-16. DOI: 10.1186/s12955-020-01423-y.
 6. Garbarino J. Not all bad treatment is psychological maltreatment. *Child Abuse Negl* 2011;35(10):797-801. DOI: 10.1016/j.chiabu.2011.05.014.
 7. Kerns MH, Goldman BA. A multicomponent conceptualization of authenticity: Theory and research. *Adv Exp Soc Psychol* 2006;38:283-357. DOI: 10.1016/S0065-2601(06)38006-9.
 8. Joshanloo M. Predictors of aversion to happiness: New insights from a multinational study. *Motiv Emot* 2022;47(3):423-30. DOI: 10.1007/s11031-022-09954-1.
 9. Joshanloo M, Weijers D. Aversion to happiness across cultures: A review of where and why people are averse to happiness. *J Happiness Stud* 2013;15(3):717-35. DOI: 10.1007/s10902-013-9489-9.
 10. Hollebeek LD, Dessart E. Social influence and stakeholder-engagement behaviour: Conformity, compliance and reactance. *Psychol Mark* 2022;39(1):90-100. DOI: 10.1002/mar.21577.
 11. Preston KSJ, Pizano NK, Garner KM, Gottfried AW, Gottfried AE, Guerin DW, et al. Identifying family personality profiles using latent profile analysis: Relations to happiness and health. *Pers Individ Dif* 2022;189:111480. DOI: 10.1016/j.paid.2021.111480.
 12. Ford BQ, Shallcross AJ, Mauss IB, Floerke VA, Gruber J. Desperately seeking happiness: Valuing happiness is associated with symptoms and diagnosis of depression. *J Soc Clin Psychol* 2014;33(10):890-905. DOI: 10.1521/jscp.2014.33.10.890.
 13. Haber M. Concealing labor pain: The evil eye and the psychoprophylactic method of painless childbirth in Soviet Russia. *Kritika* 2013;14(3):535-59. DOI: 10.1353/kri.2013.0044.
 14. Sabiniewicz A, Tarnowska K, Świątek R, Sorokowski P, Laska M. Olfactory-based inter-specific recognition of human emotions: Horses (*Equus ferus caballus*) can recognize fear and happiness body odour from humans (*Homo sapiens*). *Appl Anim Behav Sci* 2020;230:105072. DOI: 10.1016/j.applanim.2020.105072.
 15. Joshanloo M. The influence of fear-of-happiness beliefs on responses to the Satisfaction With Life Scale. *Pers Individ Dif* 2013;54(5):647-51. DOI: 10.1016/j.paid.2012.11.011.
 16. Black DA, Slep AMS, Heyman RE. Risk factors for child psychological abuse. *Aggress Violent Behav* 2001;6(2-3):189-201. DOI: 10.1016/S1359-1789(00)00022-7.
 17. Brassard MR, Hart SN, Glaser D. Psychological maltreatment: An international challenge to children's safety and well-being. *Child Abuse Negl* 2020;110:104611. DOI: 10.1016/j.chiabu.2020.104611.
 18. Rohner RP, Rohner EC. Antecedents and consequences of parental rejection: A theory of emotional abuse. *Child Abuse Negl* 1980;4(3):189-98. DOI: 10.1016/0145-2134(80)90007-1.
 19. Safdar RF. Childhood abuse and psychological well-being of patients with borderline personality disorder. *Pak J Prof Psychol* 2014;5(1):22-8. URL: <http://pjpprp.pu.edu.pk/jour/pjpprp/article/view/96>.
 20. Hibbard RA, Barlow J, MacMillan HL, Christian CW, Crawford JE, Flaherty EG, et al. Psychological maltreatment. *Pediatrics* 2012;130(2):372-8. DOI: 10.1542/peds.2012-1552.
 21. Tahira PI. Emotional dysregulation among young adults: Relationship with childhood emotional abuse. *Pak J Psychol Res* 2022;37(4):605-17. DOI: 10.33824/PJPR.2022.37.4.36.
 22. Greger HK, Myhre AK, Klöckner CA, Jozefiak T. Childhood maltreatment, psychopathology and well-being: The mediator role of global self-esteem, attachment difficulties and substance use. *Child Abuse Negl* 2017;70:122-33. DOI: 10.1016/j.chiabu.2017.06.012.
 23. Greger HK, Myhre AK, Lydersen S, Jozefiak T. Previous maltreatment and present mental health in a high-risk adolescent population. *Child Abuse Negl* 2015;45:122-34. DOI: 10.1016/j.chiabu.2015.05.003.
 24. Arslan G. Psychological maltreatment, social acceptance, social connectedness and subjective well-being in adolescents. *J Happiness Stud* 2018;19(4):983-1001. DOI: 10.1007/s10902-017-9856-z.
 25. Green SB. How many subjects does it take to do a regression analysis? *Multivariate Behav Res* 1991;26(3):499-510. DOI: 10.1207/S15327906MBR2603_7.
 26. Arslan G. Psychological maltreatment, coping strategies and mental health problems: A brief and effective measure of psychological maltreatment in adolescents. *Child Abuse Negl* 2017;68:96-106. DOI: 10.1016/j.chiabu.2017.03.023.
 27. Keyes CLM. The mental health continuum: From languishing to flourishing in life. *J Health Soc Behav* 2002;43(2):207-22. DOI: 10.2307/3090197.
 28. Yu T, Hu J, Zhang W, Zhang L, Zhao J. Psychological maltreatment and depression symptoms among Chinese adolescents: A multiple mediation model. *Child Abuse Negl* 2022;134:105940. DOI: 10.1016/j.chiabu.2022.105940.
 29. Jankovic JS. Child maltreatment and post-traumatic growth: Implications for the well-being of young adults. *Child Abuse Negl* 2022;131:105783. DOI: 10.1016/j.chiabu.2022.105783.
 30. Saldaña O, Wu-Salmerón O, Antelo E, Rodríguez-Carballeira Á. The negative impact of group psychological abuse on life satisfaction and well-being. *J Interpers Violence* 2022;37(19-20):NP18865-87. DOI: 10.1177/08862605211042598.
 31. Khumalo B. Defining economics in the twenty-first century. *Mod Econ* 2012;3:597-607. DOI: 10.4236/me.2012.35079.
 32. İşgör İY. Does fear of happiness exist? Exploring fear of happiness through the five-factor dimensions of personality. *Educ Policy Anal Strat Res* 2022;17(4):126-41.
 33. Geng Y, He L. Gender differences in children's psychological well-being in mainland China: Risk and protective factors. *Appl Res Qual Life* 2021;17(5):2743-63. DOI:

- 10.1007/s11482-021-09986-8.
34. Hagborg JM, Tidefors I, Fahlke C. Gender differences in the association between emotional maltreatment with mental, emotional and behavioral problems in Swedish adolescents. *Child Abuse Negl* 2017;67:249-59. DOI: 10.1016/j.chiabu.2017.02.033.
 35. Droogenbroeck BS, Spruyt B, Keppens G. Gender differences in mental-health problems among adolescents and the role of social support: Results from the Belgian Health Interview Surveys 2008 and 2013. *BMC Psychiatry* 2018;18:1-9. DOI: 10.1186/s12888-018-1591-4.
 36. López-Madrigal C, De la Fuente Arias J, García-Manglano J, Vicente JM, Peralta-Sánchez FJ, Romera JA. The role of gender and age in the emotional well-being outcomes of young adults. *Int J Environ Res Public Health* 2021;18(2):522. DOI: 10.3390/ijerph18020522.
 37. Wang X, Wang H. Childhood psychological maltreatment and Chinese adolescents' bullying perpetration: A moderated mediation model of angry rumination and empathy. *J Fam Violence* 2023;38:[page range missing]. DOI: 10.1007/s10896-023-00546-2. Joshanloo, M., & Weijers, D. (2014). Aversion to Happiness across Cultures: A Review of Where and Why People Are Averse to Happiness. *Journal of Happiness Studies*, 15, 717-735. <https://doi.org/10.1007/s10902-013-9489-9>.
 38. Joshanloo M, Weijers D. Aversion to happiness across cultures: A review of where and why people are averse to happiness. *J Happiness Stud* 2014;15:717-35. DOI: 10.1007/s10902-013-9489-9.
 39. Ford BQ, Shallcross AJ, Mauss IB, Floerke VA, Gruber J. Desperately seeking happiness: Valuing happiness is associated with symptoms and diagnosis of depression. *J Soc Clin Psychol* 2014;33(10):890-905. DOI: 10.1521/jscp.2014.33.10.890.
 40. Geng Y, He L. Gender differences in children's psychological well-being in mainland China: Risk and protective factors. *Appl Res Qual Life* 2021;17(5):2743-63. DOI: 10.1007/s11482-021-09986-8.
 41. Hagborg JM, Tidefors I, Fahlke C. Gender differences in the association between emotional maltreatment with mental, emotional and behavioral problems in Swedish adolescents. *Child Abuse Negl* 2017;67:249-59. DOI: 10.1016/j.chiabu.2017.02.033.
 42. Droogenbroeck BS, Spruyt B, Keppens G. Gender differences in mental-health problems among adolescents and the role of social support: Results from the Belgian Health Interview Surveys 2008 and 2013. *BMC Psychiatry* 2018;18:23-44. DOI: 10.1186/s12888-018-1591-4.
 43. López-Madrigal C, De la Fuente Arias J, García-Manglano J, Vicente JM, Peralta-Sánchez FJ, Romera JA. The role of gender and age in the emotional well-being outcomes of young adults. *Int J Environ Res Public Health* 2021;18(2):522. DOI: 10.3390/ijerph18020522.
 44. Wang X, Wang H. Childhood psychological maltreatment and Chinese adolescents' bullying perpetration: A moderated mediation model of angry rumination and empathy. *J Fam Violence* 2023;38:23-34. DOI: 10.1007/s10896-023-00546-2.

Authors' Contribution Statement

LS and MS envisioned the idea, assembled the data, data analysis and interpretation, and drafted the manuscript. SA supervised the whole process and also contributed to designing the study, data analysis and final reviewing of the manuscript.

Conflict of Interest

Authors declared no conflict on interest

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None

Data Sharing Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.