

THE INTERPLAY OF COGNITIVE DISTORTIONS, PSYCHOLOGICAL DISTRESS, AND NIGHTMARE DISTRESS IN PAKISTANI ADULTS WITH HISTORIES OF ABUSE: A CORRELATIONAL REVIEW

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Abstract

The present article review critically examines a correlational study conducted by Raja et al. (2025) that investigated the relationships among cognitive distortions, psychological distress, and nightmare distress in Pakistani adults with histories of emotional, physical, and sexual abuse. Using a purposive sample of 152 adults aged 18–30 years, screened from an initial pool of 600 participants, the study employed standardized self-report measures and advanced statistical analyses including correlation, analysis of variance, regression, mediation analysis, and gender comparisons. The findings demonstrated strong positive associations among the three psychological constructs, significant differences across abuse types, partial mediation by psychological distress, and notable gender differences favoring higher distress among females. This review evaluates the study's conceptual framework, methodological rigor, statistical findings, and integration with existing literature. While the study contributes valuable empirical evidence from an under-researched Pakistani population, limitations related to sampling, cross-sectional design, and reliance on self-report measures necessitate cautious interpretation. Implications for trauma-informed clinical practice and future research are discussed.

INTRODUCTION

Abuse across the lifespan represents one of the most pervasive and damaging threats to psychological well-being, with extensive evidence demonstrating its long-term cognitive, emotional, and behavioral consequences. Emotional, physical, and sexual abuse have each been associated with heightened vulnerability to mental health disorders, including depression,

anxiety, post-traumatic stress disorder (PTSD), and sleep-related disturbances (Al Odhayani et al., 2013; Widom et al., 2008). Among these consequences, maladaptive cognitive patterns, often conceptualized as cognitive distortions, play a central role in shaping how survivors interpret themselves, others, and the world. These distorted cognitions can intensify emotional

distress and perpetuate trauma-related symptoms such as nightmares and intrusive thoughts (Beck, 1979; Kovacs & Beck, 1978).

Nightmares, in particular, are recognized as a hallmark symptom of trauma exposure and PTSD, frequently reflecting unresolved emotional distress and heightened physiological arousal during sleep (Belicki, 1992; Nixon & Malhi, 2021). Trauma-related nightmares not only disrupt sleep but also contribute to daytime impairment, emotional exhaustion, and reduced quality of life. Psychological distress, encompassing symptoms of anxiety, depression, and emotional dysregulation, often functions as an intermediary mechanism linking trauma exposure to both cognitive distortions and sleep disturbances (Geddes et al., 2003; Teo et al., 2021).

Within the Pakistani sociocultural context, the psychological impact of abuse is further complicated by stigma, underreporting, and limited access to mental health services. Cultural norms emphasizing family honor and silence around abuse frequently prevent survivors from disclosing traumatic experiences, thereby delaying intervention and exacerbating long-term psychological harm (Sabri et al., 2018; Khan & Hameed, 2020). Despite growing international literature on trauma-related cognitive and emotional outcomes, empirical research focusing on Pakistani adults remains limited, particularly studies that simultaneously examine cognitive distortions, psychological distress, and nightmare distress.

The study by Raja et al. (2025) addresses this gap by exploring the interrelationships among these constructs in a Pakistani adult sample with documented histories of abuse. By comparing emotional, physical, and sexual abuse groups and examining mediation effects and gender differences, the study offers a multidimensional understanding of trauma-related psychological functioning. This article review critically evaluates the study's theoretical grounding, methodology, statistical analyses, findings, and broader implications within the existing literature.

Abuse across the lifespan represents a profound public health and mental health concern, with

enduring psychological consequences that often extend well into adulthood. Emotional, physical, and sexual abuse disrupt fundamental developmental processes, impair emotional regulation, distort cognitive schemas, and increase vulnerability to a wide range of psychopathological outcomes (Al Odhayani et al., 2013; Widom et al., 2008). Although abuse can occur at any stage of life, experiences during childhood and adolescence are particularly detrimental due to their interference with identity formation, attachment security, and cognitive-emotional development. Survivors of abuse frequently carry forward the psychological imprint of trauma in the form of maladaptive thinking patterns, chronic emotional distress, and trauma-related sleep disturbances, including recurrent nightmares (Kovacs & Beck, 1978; Belicki, 1992).

Cognitive distortions are among the most prominent psychological sequelae observed in abuse survivors. These distortions involve systematic errors in thinking, such as overgeneralization, catastrophizing, self-blame, rigid beliefs, and negative self-appraisals, which shape how individuals interpret themselves, others, and the world (Beck, 1976; Kovacs & Beck, 1978). Trauma theory suggests that repeated exposure to abuse fosters deeply ingrained negative core beliefs, particularly beliefs related to worthlessness, helplessness, guilt, and personal responsibility for victimization (Ehlers & Clark, 2000). Empirical evidence consistently demonstrates that individuals with histories of emotional, physical, or sexual abuse report significantly higher levels of cognitive distortions compared to non-abused populations (Lev-Wiesel et al., 2010; Memon & Shah, 2021). These distorted cognitions not only perpetuate emotional suffering but also increase susceptibility to anxiety, depression, and post-traumatic stress disorder (PTSD).

Psychological distress represents another central outcome of abuse exposure. It encompasses a broad range of emotional difficulties, including depression, anxiety, somatic complaints, emotional dysregulation, and impaired coping capacities (Kendall-Tackett, 2020). Survivors of

abuse frequently exhibit heightened stress reactivity and compromised psychological resilience, often resulting in chronic distress that persists long after the abuse has ended. Meta-analytic and longitudinal studies have established robust associations between childhood maltreatment and elevated psychological distress in adulthood, regardless of abuse subtype (Springer et al., 2007; Widom et al., 2008). Emotional abuse, in particular, has been linked to pervasive emotional dysregulation and depressive symptomatology, whereas physical abuse is often associated with heightened anxiety and behavioral dyscontrol (Patel & Kumar, 2020). Sexual abuse, meanwhile, is frequently linked to severe trauma symptoms, including dissociation, intrusive memories, and affective instability (Thielemann et al., 2022).

Sleep disturbances, especially nightmares, constitute a core feature of trauma-related psychopathology. Nightmare distress refers not merely to the frequency of nightmares, but to the degree of emotional suffering, functional impairment, and psychological distress associated with these nocturnal experiences (Belicki, 1992). Trauma-related nightmares are conceptualized as intrusive re-experiencing symptoms that reflect unresolved emotional processing of traumatic events (Crossman, 2018). Research indicates that abuse survivors are significantly more likely to experience recurrent nightmares, night terrors, sleep fragmentation, and poor sleep quality compared to individuals without trauma histories (Nixon & Malhi, 2021). These nightmares often reinforce daytime distress, impair concentration and emotional regulation, and exacerbate existing cognitive distortions, thereby contributing to a self-perpetuating cycle of psychological suffering. The interrelationship between cognitive distortions, psychological distress, and nightmare distress is increasingly recognized within contemporary trauma models. Cognitive-behavioral frameworks propose that maladaptive cognitions intensify emotional distress, which in turn heightens physiological arousal and sleep disturbances, including nightmares (Ehlers & Clark, 2000). Empirical studies have demonstrated that individuals who endorse

stronger cognitive distortions report higher levels of psychological distress and greater nightmare severity (Teo et al., 2021; Byrne & Slemon, 2020). Psychological distress has also been identified as a potential mediating mechanism through which distorted cognitions influence trauma-related sleep disturbances, highlighting its central role in the maintenance of post-trauma symptomatology.

Despite the growing international literature on abuse-related psychological outcomes, research from low- and middle-income countries, including Pakistan, remains limited. Cultural factors such as stigma, fear of social repercussions, family honor, and gender norms significantly contribute to underreporting of abuse and restricted access to mental health services (Khan & Hameed, 2020; Sabri et al., 2018). In Pakistani society, discussions of emotional and sexual abuse are often silenced, particularly for women, leading many survivors to internalize blame and suppress psychological distress. These cultural dynamics may intensify cognitive distortions and exacerbate trauma-related symptoms, including nightmares, yet empirical research examining these processes remains scarce.

Overview of the Reviewed Study

The primary objective of the reviewed study was to examine the relationship between cognitive distortions, psychological distress, and nightmare distress in adults who had experienced emotional, physical, or sexual abuse. The authors employed a correlational research design conducted between September 2022 and August 2023 at Bahria University Lahore Campus. An initial sample of 600 individuals was screened using the Traumatic Experiences Checklist (TEC), from which 152 adults meeting criteria for abuse exposure were selected through purposive sampling.

Participants ranged in age from 18 to 30 years and were recruited from hospitals, universities, and shelter homes in Lahore. The final sample consisted of nearly equal representation across abuse types, with 51 participants reporting emotional abuse, 50 reporting physical abuse,

and 51 reporting sexual abuse. Gender distribution was also relatively balanced, with 74 males and 78 females included.

Three standardized self-report instruments were administered: the Cognitive Distortions Scale-Urdu (Shakeel, 2022), the Psychological Distress Scale (Khalid, 2020), and the Nightmare Distress Questionnaire (Belicki, 1992). Statistical analyses were conducted using SPSS Version 25 and included Pearson correlation, one-way ANOVA, regression-based mediation analysis, and independent-sample t-tests for gender differences.

Theoretical Framework and Conceptual Foundations

The study is grounded in cognitive theory, particularly Beck's cognitive model, which posits that maladaptive schemas and distorted thinking patterns emerge following adverse experiences and contribute to emotional distress (Beck, 1979; Beck, 2008). Abuse survivors often internalize negative beliefs about themselves, such as feelings of guilt, worthlessness, and self-blame, which can persist into adulthood and shape emotional responses to stress (Kovacs & Beck, 1978; Lev-Wiesel et al., 2010).

From a trauma perspective, psychological distress serves as a central mechanism through which cognitive distortions influence behavioral and physiological outcomes, including sleep disturbances. Trauma theories emphasize that heightened arousal, intrusive memories, and emotional dysregulation disrupt normal sleep architecture, leading to nightmares that symbolically reenact traumatic experiences (Ehlers & Clark, 2000; Crossman, 2018).

The integration of these theoretical perspectives allows the study to conceptualize psychological distress as a mediator linking cognitive distortions to nightmare distress. This framework is consistent with prior findings suggesting that distorted cognitions amplify emotional distress, which in turn exacerbates trauma-related symptoms such as nightmares (Teo et al., 2021; Byrne & Slemon, 2020).

Methodological

The use of a correlational design is appropriate for examining relationships among psychological constructs; however, it inherently limits causal inference. While the study demonstrates associations among cognitive distortions, psychological distress, and nightmare distress, it cannot establish temporal precedence or directional causality. Longitudinal designs would be better suited to examine how cognitive distortions develop following abuse and whether psychological distress prospectively predicts nightmare distress.

The sampling strategy represents both a strength and a limitation. Purposive sampling enabled the researchers to access a difficult-to-reach population, particularly abuse survivors from hospitals and shelter homes. However, this approach limits generalizability, as the sample may not represent the broader Pakistani population or individuals who do not seek institutional support. Additionally, the restriction to unmarried adults aged 18–30 years excludes older survivors and married individuals, who may experience different psychological outcomes.

The screening process using the TEC strengthens methodological rigor by ensuring that participants met criteria for trauma exposure. The reported reliability indices for the TEC, as well as for the cognitive distortions, psychological distress, and nightmare distress scales, were high, indicating strong internal consistency and measurement reliability. The use of culturally adapted instruments, particularly the Urdu version of the Cognitive Distortions Scale, enhances the cultural validity of the findings.

Nevertheless, reliance on self-report measures introduces potential response biases, including social desirability and recall bias. Given the stigma surrounding abuse in Pakistan, participants may have underreported symptoms or trauma experiences, potentially attenuating effect sizes.

Results

The statistical analyses employed in the study were comprehensive and appropriate for the research objectives. Pearson correlation analyses

revealed strong positive associations among cognitive distortions, psychological distress, and nightmare distress, with all correlations reaching high levels of statistical significance. These findings indicate that increases in distorted thinking are associated with higher emotional distress and greater nightmare-related suffering.

One-way ANOVA results demonstrated significant differences across abuse types. Participants with histories of sexual abuse reported the highest levels of cognitive distortions and nightmare distress, whereas those with physical abuse reported the highest levels of psychological distress. These findings align with existing literature indicating that sexual abuse often results in more severe cognitive and trauma-related symptoms, while physical abuse is strongly associated with chronic emotional distress (Widom et al., 2008; Springer et al., 2007).

The mediation analysis revealed that psychological distress partially mediated the relationship between cognitive distortions and nightmare distress, accounting for approximately 17% of the indirect effect. Although statistically significant, the modest effect size suggests that additional mechanisms, such as hyperarousal or intrusive memories, may also play important roles in the development of nightmares. The presence of significant direct effects indicates that cognitive distortions influence nightmare distress both directly and indirectly through psychological distress.

Gender comparisons revealed that females scored significantly higher than males on all three constructs. These findings are consistent with global research demonstrating higher rates of psychological distress, trauma-related symptoms, and abuse exposure among women (Picco et al., 2017; Sabri et al., 2018).

Integration with Existing Literature

The findings of Raja et al. (2025) are largely consistent with international research linking abuse to long-term cognitive and emotional difficulties. Lev-Wiesel et al. (2010) similarly reported elevated levels of self-blame, guilt, and negative self-perceptions among abuse survivors, supporting the study's conclusions regarding

cognitive distortions. Meta-analytic evidence has also demonstrated heightened risks of depression, anxiety, and PTSD following childhood maltreatment (Kendall-Tackett, 2020). Nightmare distress findings align with trauma literature identifying sleep disturbances as a core feature of trauma exposure (Belicki, 1992; Nixon & Malhi, 2021). Cognitive models of PTSD further support the mediating role of psychological distress, emphasizing how maladaptive appraisals intensify emotional suffering and intrusive symptoms (Ehlers & Clark, 2000).

However, many international studies adopt longitudinal or mixed-methods approaches, allowing for richer exploration of causal pathways and lived experiences. The cross-sectional nature of the reviewed study limits its ability to capture the evolving nature of trauma-related symptoms over time.

Discussion

The reviewed study offers valuable insights into the psychological consequences of abuse within a Pakistani context, highlighting the interconnectedness of cognitive distortions, emotional distress, and nightmare distress. By demonstrating partial mediation, the study underscores the importance of addressing psychological distress in trauma-focused interventions. Cognitive-behavioral approaches that target maladaptive beliefs may reduce emotional distress and, consequently, alleviate trauma-related nightmares.

Gender differences identified in the study emphasize the need for gender-sensitive mental health services, particularly for women who may face greater barriers to disclosure and treatment. Cultural stigma surrounding abuse further necessitates trauma-informed care that is culturally responsive and accessible.

Despite its contributions, the study's limitations warrant caution. The modest mediation effect suggests that future research should examine additional mediators, such as emotional regulation, dissociation, or social support. Expanding samples to include diverse age groups

and employing longitudinal designs would enhance understanding of trauma trajectories.

Conclusion

The study by Raja et al. (2025) makes a meaningful contribution to the literature on trauma-related psychological outcomes in Pakistani adults. It provides empirical evidence that cognitive distortions, psychological distress, and nightmare distress are significantly interrelated among abuse survivors, with psychological distress partially mediating these relationships. While methodological limitations restrict causal interpretation, the findings align with existing theoretical and empirical frameworks and underscore the importance of trauma-informed, culturally sensitive interventions. Future research should build upon this foundation to deepen understanding and improve mental health outcomes for abuse survivors in Pakistan.

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