

RUNNING HEAD: Mental Health Consequences of Betrayal

Mental Health Consequences of Romantic Betrayal:

An Investigation of Depression and Anxiety

A Report to the Morehead State University

Research and Creative Productions Committee

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Summary of Results

The present research sought to investigate the role of one's personality characteristics in the experience of depressive and anxious symptomology after romantic betrayal. In addition, the project sought to identify links between self-reported depression and anxiety following romantic betrayal (short- and long-term) and beliefs about romantic relationships and overall subjective well-being, coping, and psychological resolution of the event. Finally, the project sought to investigate the nature of loss in social support as a result of romantic betrayals as it relates to depression and anxiety problems experienced by victims.

Results indicated that personality was related to the experience of depression and anxiety after betrayal. Sociotropy (the need/desire to have positive interchanges with others) was the best personality predictor of depressive and anxious symptomology within one month following betrayal. A lack of self-confidence also predicted anxiety symptoms after betrayal.

Results also suggested that depression and anxiety problems immediately following betrayal were linked to low levels of subjective well-being and negative relational beliefs in the long-term. In particular, low self-esteem, dissatisfaction with life, problems with trust, intimacy fears, and cynicism about love relationships all were linked to reports of depression and anxiety symptoms immediately following betrayal.

Investigations of the nature of loss due to betrayal revealed that the loss of specific types of social support from the romantic partner after betrayal are linked to depression and anxiety. Loss of attachment was the best predictor of depression and anxiety symptomology immediately following betrayal, but in the long term, having experienced little loss of reliable alliance and/or social integration predicted depression and anxiety problems.

Additionally, psychological resolution of the betrayal experience was predicted by psychological distress within one month of the betrayal. In particular, high levels of anxiety and depression at betrayal predicted high levels of anxiety when thinking back on the experience, but they also predicted reductions in distress, fear, and guilt over the experience over time. Forgiveness of the perpetrator was predicted by low levels of depression at the time of betrayal, but feelings of "unfinished business" when thinking of the betrayal were predicted by high levels of depression at the time of betrayal. Those who reported that they had resolved the experience in their minds (as measured by several variables) generally reported low levels of depression and anxiety at the time of participation as compared to those who had not reached resolution.

Finally, coping strategies were related to problems with anxiety and depression in the short- and long-term. Reports of high levels of depression at the time of betrayal were related to coping strategies such as seeking advice, venting emotions, and denial (but not acceptance), whereas reports of high levels of anxiety at the time of betrayal were linked to strategies of seeking support, disengaging from the situation, venting emotions, and denial. Long-term problems with depression and anxiety were predicted by having used disengagement, venting, humor, and restraint to cope, whereas long-term mental health was predicted by the use of an acceptance strategy. Psychological resolution of the betrayal event also was predicted by reports of acceptance and growth strategies for coping, whereas failing to resolve the experience was predicted by having vented emotions, and the use of restraint coping and disengagement.

Literature Review

Mood and anxiety disorders are widely studied and commonly experienced psychological problems which greatly impact life functioning. Depression is the most common form of mood disorder, with symptoms ranging from poor appetite, insomnia, fatigue, poor concentration, disinterest in social interaction, and feelings of extreme hopelessness, to suicidal ideation and suicide in extreme cases. Anxiety disorders may take on the form of phobias or anxiety states, and typically include symptoms such as extreme fear, irritation, physiological arousal, tension, avoidance of social interaction, and general feelings of dread. Both types of disorders are considered by clinical psychologists to be maladaptive and self-defeating experiences, and many who suffer from the disorders find them to be so debilitating that they seek therapy in order to gain control of their lives again.

It is well known that stressful life events represent a significant etiological factor in the development of various forms of psychiatric illness, including mood and anxiety disorders. More specifically, depression and anxiety have been identified as among the more common mental health problems associated with negative life events in both the general population and in clinical populations. For example, Brown and Harris (1978) observed that compared to non-depressed community members, depressed individuals reported an increased number of major life stressors in the year prior to the onset of their disorder. Faravelli (1985) examined individuals diagnosed with panic disorder and observed a higher number of stressful life events prior to their first panic attacks as compared to controls for a comparable period. Similar research on phobic reactions, such as agoraphobia, concluded that greater numbers of major life events preceded phobic disorders for diagnosed individuals than was the case for a control group (Pollard, Obermeier, & Lorn, 1987). In addition, Hewitt and Dyck (1986) found that self-reported depression among nonclinical populations was positively associated with reports of increased numbers of negative life events and increased severity of negative life events, whereas research concerning anxiety levels of military personnel and college students revealed that negative life events were associated with heightened levels of state and trait anxiety (Sarason, Johnson, & Siegel, 1978).

The extent to which *particular* life stressors, such as interpersonal problems, are associated with anxiety and depression has received theoretical and empirical attention as well. Indeed, Coyne's (1976) Interpersonal Model of Depression suggests that difficulties within relationships and/or losses of relationships lead to depression. Similarly, it has been suggested by several theorists (Freud, 1926, 1959; Dobson, 1985) that extreme negative emotions, such as anxiety, are a result of threats of losing valued relational partners. Because relationships are strongly implicated in the development of identity and stability of one's sense of self (*cf.* Bowlby, 1973), the loss of a particular partner could ultimately be seen as a threat to self and thus cause an individual to feel anxious from the threat and/or depressed once the relationship is lost.

Furthermore, Lachmann and Beebe (1997) define trauma as an event that ruptures the individual's self-object ties without the opportunity to repair them, while simultaneously altering a person's self-state. The loss of relationships and/or problems within relationships which threaten to end them, especially where no opportunity to change the outcome can be perceived, clearly share these characteristics of trauma, and thus should be associated with psychiatric reactions like depression and anxiety.

These ideas are consistent with current social psychological work that suggests that an instinctive need for intimate relationships has evolved within the human species (Baumeister & Leary, 1995; Buss, 1990), and that when an individual is excluded from his/her social network through rejection or loss, negative emotions such as low self-esteem, anxiety, loneliness, and depression result (Leary, 1990; Leary, Tambor, Terdal, & Downs, 1995). Further evidence that loss of relationships is linked to depression and anxiety comes from studies of romantic breakups/divorce and widowhood. For example, major depressive disorder has been linked to recent breakups of a romantic relationship (Monroe, Rohde, Seeley, & Lewinsohn, 1999; Peterson, Rosenbaum, & Conn, 1985), and subclinical depressive symptomology has been linked to the process of divorce (Cartwright, 1996). Indeed, one study observed that over one fourth of women (*i.e.*, 26%) who successfully exit a marriage through divorce suffer from clinically significant problems with depression (Thabes, 1997). Broken engagements also have been found to be associated with anxiety neuroses (Sharma & Ram, 1988), and physical and psychological withdrawal symptoms were observed in individuals who had recently ended a love relationship (*i.e.*, irritability, restlessness, impatience, anxiousness, trouble concentrating, depression, and anger; Gilbert, Gilbert, & Schultz, 1998). In addition, widowhood was associated with elevated anxiety among those who were highly dependent on and very close to their spouses (Carr, House, Kessler, Nesse, Sonnega, & Wortman, 2000).

Whereas losing relationships may be perceived as traumatic because of implications for the self and/or identity, other kinds of threats to relationships can be observed with links to depression and anxiety as well. Relational distress, conflict, relational violence, and perceived rejection by one's partner are ongoing forms of relational problems which may be interpreted as "warning signs" for relationship dissolution. As a result they may produce the same negative emotions. Indeed, empirical evidence supports the link between ongoing relational problems and negative emotions, and some researchers even argue that problems in partnership are more predictive of depression and anxiety than separations or the death of one's partner (Matussek & Weigand, 1985). For example, in a study of over 8000 psychiatric patients poor quality intimate relationships in general were indicative of major depressive disorder (Zlotnick, Kohn, Keitner, & Della-Grotta, 2000). This conceptualization also is supported by research on nonclinical populations that shows that individuals with relationships defined by insecure attachment (*i.e.*, poor quality and low trust) often report greater depression and

worry/anxiety than individuals with good quality relationships (Grice, 1999; Vivona, 2000). Additionally, family distress/loss of family harmony and rejection have been associated with depression and anxiety in family members (Huang, 1997; Amir, Freshman, & Foa, 2000), physical aggression in relationships has been associated with depression and anxiety disorders (Feinauer, 1989; O'Leary, 1999), and marital discord has been linked extensively to depression (*cf.* Beach & O'Mahen, 2000).

It is important to note that not all who experience negative life events, or even negative relational events or losses, develop depression or problems with anxiety. Indeed, much research has been conducted to determine why this is the case for some but not others. Whereas there appear to be many possible answers, considerable evidence has emerged to suggest a diathesis-stress model of depression and anxiety (*cf.* Monroe & Simons, 1991); that is, certain characteristics within individuals may predispose them to depression or anxiety (or buffer them from it) and when put in combination with life stressors, individuals may be more or less likely to experience depression and anxiety disorders. Personal characteristics that may predispose a person to experience depression or anxiety have been studied extensively, including characteristics that are associated with functioning in interpersonal relationships. In general, having personality characteristics that are associated with neediness, dependency, and/or a high degree of concern about interpersonal issues (*i.e.*, sociotropy) appears to act as a diathesis (Robins, Hayes, Block, Kramer, & Villena, 1995; Coyne & Wiffen, 1995; Wiffen & Aube, 1999; Dozois & Backs-Dermott, 2000; Goff, 1999). When these characteristics are combined with life stressors, depression and anxiety are particularly likely to result.

Whereas the literature on the consequences of losing one's relationship(s) and the literature discussing consequences of ongoing relational difficulties demonstrate connections between such problems and mood/anxiety disorders, the extent to which there are common experiences that lead to feelings of loss or ongoing relational problems which result in depression and anxiety remains relatively unexamined. In other words, it seems logical to assume that certain types of precipitating events should lead individuals to experience a sense of relational loss and/or relational distress; however, such events remain understudied, and their relationships to mood and anxiety disorders thus far have been overlooked. Recent work on the construct of interpersonal betrayal suggests that when one partner betrays another the foundations of the relationship are eroded (*i.e.*, the norms/expectations agreed to by both partners are compromised, trust and commitment are damaged or destroyed, and aspects of the self that are associated with the individual's place in the relationship are altered; Jones, 1988; Jones, Cohn, & Miller, 1991; Couch, Jones, & Moore, 1999). As a result many relationships end due to betrayals (Jones & Burdette, 1994), thus resulting in the experience of loss. However, even if a relationship does not end due to betrayal, victims may experience loss in other ways – in particular, losses in the resources

once provided by a perpetrating partner (*e.g.*, intimacy, advice, help, sex, etc.). In addition, serious adjustments must be made by both partners after betrayal if the relationship is to remain intact. These adjustments often lead to conflict, new ways of thinking about oneself in relation to one's partner, and relational dissatisfaction (Jones, 1988; Jones & Burdette, 1994; Berscheid, 1983; Hansson, Jones, & Fletcher, 1990; Montgomery & Brown, 1988). Thus, betrayals may constitute a class of traumatic or threatening event because they are associated with loss, ongoing relational problems (such as conflict, etc.), and restructuring of one's sense of self. In theory, they should be related in predictable ways to depression and anxiety. In addition, because romantic partners have been found to be most closely associated with one's identity in adulthood (as compared to friends, family members, or other partners), betrayals which occur in the context of romantic relationships should be most likely to result in depressive or anxious symptomology. However, this relationship between betrayal and mood disorders has not been investigated to date.

Romantic betrayals may take many forms. All betrayals have in common the subjective experience of feeling a violation of implicit and/or explicit expectations within the relationship; however, many acts could lead to this experience. Some commonly reported acts of betrayal include betraying a confidence, disloyalty, deceit, sexual or romantic infidelity, gossip, and physical or emotional harm-doing (Jones, 1988). Whereas this list is by no means exhaustive, because the interpretation of betrayal is a subjective experience even comparably minor offenses could be perceived by the victim as betrayals. Determinations of betrayal require a sense of violation, but they typically also depend upon the extent to which the victim is psychologically invested in the relationship, the personal importance attributed to specific events, and the uncertainty produced by the act in question (Metts, 1994; McCormack & Levine, 1990; Bower & Cohen, 1982). The point that betrayals are subjective in nature is important because it requires investigators to rely on the victims' decision-making processes. Offenses that are viewed by victims as more serious than others may be more closely associated with depression and/or anxiety.

Because depression and anxiety disorders have important consequences for life functioning, it is important to understand more about the precipitating life events that may lead to them. Based on a review of the depression/anxiety literatures, it seems logical to assume that romantic betrayals may be one such type of precipitating life event. The present research seeks to assess the extent to which experiences with romantic betrayals are associated with depressive and anxious symptomology. Specifically, the following hypotheses have been proposed:

Hypothesis #1: Personality characteristics that are related to dependent or relational orientations will be associated with short-term experiences of depression and heightened anxiety within one month after betrayal.

Hypothesis #2: Experiences with depression and anxiety within one month after romantic betrayal will be associated with long-term negative beliefs about relationships and problems with long-term subjective well-being.

Hypothesis #3: Greater experiences of loss as a result of romantic betrayal will be associated with higher levels of short- and long-term depression and anxiety.

Hypothesis #4: Depression and problems with anxiety in the short- and long-term will be associated with problems of psychological resolution of the romantic betrayal event.

Hypothesis #5: Depressive and anxious symptomology will be associated with one's choice of coping strategies following romantic betrayal, and certain coping strategies utilized following romantic betrayal will be associated with greater psychological resolution of the betrayal experience in the long-term.

Method

Adult volunteers were recruited to take part in the study. All volunteers were told that as part of their participation they would be asked to provide written descriptions of their worst experiences as victims of romantic betrayal and to answer multiple questions about their experiences. Participants were recruited by three methods so as to provide a diverse sample (*i.e.*, college students, adult community members, etc.). These methods included: 1) undergraduates in psychology courses at Morehead State University were given the opportunity to participate in the study in exchange for monetary compensation or nominal course credit; 2) non-University adults were contacted about participation in the study by undergraduate student participants that they knew (a method known as the "snowball technique" for data collection; Adams, & Jones, 1997) and participated in exchange for nominal monetary compensation; and 3) community volunteers were recruited through advertisements in area newspapers and flyers posted in the area asking adult volunteers to contact the researcher about participation. These volunteers also were compensated monetarily.

Volunteers who contacted the researchers about participation were mailed a questionnaire packet. The packet contained an informed consent statement that outlined the general features of the study, a letter which provided detailed instructions for returning completed surveys to the researchers, a survey, a debriefing statement, and a payment form. Volunteers who agreed to participate completed the surveys in "at home" sessions and returned them to the researcher through the mail-in postage-paid envelopes. Participation generally required about 2 hours to complete.

One hundred and fifty-two individuals contacted the researcher about participation in the study. Completed surveys were returned by 123 adults (55 males and 68 females) between the ages of 18 and 64 (mean age = 34.8 years), all of whom reported significant romantic betrayal experiences. The sample was mostly comprised of Caucasians (93.4%), and they reported experiences with betrayal that ranged from 1 month prior to the study to 42 years prior to the study (mean time since the betrayal = 7.3 years).

The survey consisted of demographic information questions, various personality, relationship, and self-assessment measures, and a Betrayal Narrative Form that asked participants to describe their most significant experience as a victim of romantic betrayal using an open-ended format. In addition, a measure of the extent to which the volunteers experienced loss of

emotional and instrumental resources following the described event was included, and mental health measures were completed based on the ways in which the volunteers felt as they thought about their particular betrayal experiences as a part of their participation in the study (*i.e.*, how they feel about it in the present) and based on how they recall feeling within a one-month period immediately following the betrayal (*i.e.*, how they felt in the past, specifically within one month of the betrayal). Finally, participants were asked to consider their experiences since they were betrayed and answer questions about which methods of coping were utilized to deal with their betrayal experience, the extent to which they have forgiven the perpetrator of the event, and the extent to which they have psychologically resolved the event (*i.e.*, do they feel that they have “unfinished business” to attend to when they think of the event, do they experience strong emotions when thinking of it, and/or do they feel that they are still coping with the experience, etc.). All instruments that were utilized in the study are widely used and considered to be valid and reliable. Whereas a detailed description of each of these materials is precluded due to space limitations, the measures and their purposes to the study are outlined below.

Materials.

Various personality measures were utilized in the study to assess stable characteristics within the participants that may have influenced their reactions to romantic betrayal. In particular, the NEO-FFI (an omnibus measure of personality which includes assessments of neuroticism, extraversion, openness, agreeableness, and conscientiousness; Costa & McCrae, 1992), the Sociotropy-Autonomy Scale (a measure of the extent to which one desires/needs positive interchange with others; Beck, Epstein, Harrison, & Emery, 1983), the Forgiving Personality Scale (a measure of the tendency to forgive other people for their offenses as well as the dispositional tendency not to take offense in the first place; Jones, 1999a), the Life Orientation Test (a measure of optimism about future events; Scheier & Carver, 1985), and the Interpersonal Dependency Inventory (IDI; Hirschfeld, Klerman, Gough, Barret, Korchin, & Chodoff, 1977) each were used to measure stable aspects of personality within the participants.

Various relationship measures were utilized in the study to assess belief patterns about relational issues within the participants that may have arisen as a result of their experiences with romantic betrayal. In particular, the Trust Inventory (Couch, Adams, & Jones, 1996), the Fear of Intimacy Scale (Descutner & Thelen, 1991), the Dimensions of Commitment Inventory (Adams & Jones, 1997), and the Relational Cynicism Scale (Moore, 1998) each were used to assess outcomes in relational thinking following betrayal.

Two self-assessment measures also were included in the study. These include the Rosenberg Self-esteem Scale (Rosenberg, 1965) and the Satisfaction with Life Scale (Deiner, Emmons, Larsen, & Griffin, 1985). The self-assessment

measures assessed present-day subjective well-being within the participants that may have been influenced by their past experiences with romantic betrayal.

The extent to which participants perceived a loss in six different emotional or instrumental resources as a result of being betrayed by their romantic partners was assessed by a revised version of the Social Provisions Scale (Cutrona & Russell, 1987). The original version of the scale asks respondents to indicate the rewards they receive from their partners in six areas: guidance, reliable alliance, reassurance of worth, attachment, social integration, and opportunities for nurturance. In this study, the participants instead were asked to indicate the extent to which they recall these rewards were provided by the perpetrator prior to the betrayal, as well as the extent to which they recall being able to obtain these rewards from the partner in the one-month period immediately following the betrayal. Difference (or change) scores between the two time periods were utilized as an index of loss of emotional and instrumental resources from the partner after betrayal.

Mental health measures were utilized in the study to provide indexes of clinical/subclinical mood or anxiety disorders. In particular, the Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) and a revised version of the Spielberger State Anxiety Scale (Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983) were completed by participants as they thought about their feelings and experiences in everyday life for the month prior to participation. These instruments were used to assess problems with depression or anxiety in the individuals' lives during that time. In addition, participants also completed the Beck Depression Inventory and another revised version of the Spielberger State Anxiety Scale with reference to how they felt within the one-month time period immediately following the betrayal they reported. These measures assessed the extent to which participants experienced problems with depression and/or anxiety immediately following their experiences with romantic betrayals.

Participants also completed the COPE Inventory (Carver, Scheier, & Weintraub, 1989) as they recalled their attempts to cope with the described experiences of having been betrayed by their romantic partners. The instrument assessed the extent to which various coping strategies were utilized in dealing with a specific stressor – in this case, being betrayed by a romantic partner. The COPE scales assessed the extent to which 15 different strategies that are commonly used to deal with stressors were utilized after betrayal.

Finally, a set of measures were utilized to assess the extent to which the victims of romantic betrayals have come to psychological resolution about their described experiences. These measures included: 1) the Acts of Forgiveness Scale (Jones, 1999b) which measures the extent to which the participants have forgiven the romantic partners who betrayed them; 2) the Unfinished Business Scale (Singh, 1994) which measures the extent to which the participants feel that they have “unfinished business to deal with” concerning their betrayal experiences, as well as how much distress such feelings produce; and 3) a

revised version of the Differential Emotions Scales (Izard, 1977) which measures the extent to which 10 emotions (interest, enjoyment, surprise, distress, anger, disgust, contempt, fear, shame/shyness, and guilt) are experienced as the participants consider their betrayals as a part of participation (*i.e.*, in the present) and at the time of the betrayal (difference scores were calculated and used as an index of resolution). Psychological resolution of the event should, in theory, result in low levels of negative emotions such as distress, anger, and fear over time.

Results

The study represents basic correlational research utilizing both qualitative and quantitative information. Data were analyzed using a number of statistical techniques. All statistical analyses were performed using the SPSSX-9000 (Unix) package.

Scale scores for each personality, relationship, and subjective well-being measure first were calculated. To test the hypothesis that personality variables predict depressive and anxious reactions immediately following betrayal, stepwise multiple regression analyses were conducted using measures of interpersonal dependency, sociotropy, optimism, the forgiving personality, neuroticism, extraversion, openness, agreeableness, and conscientiousness to predict depressive and anxious reactions to romantic betrayal within the first month after betrayal. Depressive reactions were predicted by high levels of sociotropy (R^2 adjusted = .30), $\beta = .544$, $t(97) = 6.39$, $p = .001$, and as can be seen in Table 1 anxious reactions were predicted by sociotropy and a lack of self-confidence.

To test the next hypothesis, scores from the various relationship belief and subjective well-being measures were used in correlational analyses with the depressive and anxious scale scores (immediately following betrayal) in order to determine relationships between self-reported depression and anxiety disorders from the one-month period after betrayal and long-term feelings of mistrust in others, fears about intimacy, relational cynicism, commitment to a romantic partner, self-esteem, and life satisfaction. As can be seen in Table 2, problems with depression immediately following betrayal were related to long-term low self-esteem, dissatisfaction with life, problems with trust, fears of becoming intimate with others, and a cynical view of love relationships. Problems with anxiety immediately following betrayal were related to long-term low self-esteem and life satisfaction.

To test the hypothesis that changes in the romantic relationship as a result of betrayal (*i.e.*, a loss of resources once gained from the romantic partner) are related to experiences of depression and anxiety in the short- and long-term, several different analyses were conducted. First, change scores for each of the six types of social provisions provided by one's romantic partner were calculated by subtracting the responses to the social provisions scale as it was completed for the time within one month after the betrayal from the responses completed for the time prior to the betrayal. The resulting six

change scores represent the extent to which each of the various types of social support from the romantic partner were lost after betrayal. Next, a total change in overall social provisions provided by the perpetrator of the romantic betrayal also was calculated by summing all of the responses indicating support received before the betrayal, and summing the responses indicating support received after betrayal, and then subtracting the latter from the former. Change scores for each of the six types of support received from a romantic partner then were used as predictors in a stepwise multiple regression analyses in order to predict depressive and anxious reactions to romantic betrayal in the short- and long-term. Problems with depression (R^2 adjusted = .04), $\beta = .209$, $t(114) = 2.28$, $p = .05$, and anxiety at the time of betrayal (R^2 adjusted = .10), $\beta = .313$, $t(114) = 3.51$, $p = .001$, were predicted by a loss of attachment. Problems with depression in the long-term were predicted by smaller changes in perceived assurance that the partner could be counted on in times of stress (R^2 adjusted = .07), $\beta = -.259$, $t(114) = -2.86$, $p = .005$, and problems with anxiety in the long-term were related to smaller changes in perceived belongingness into the romantic partner's social group (R^2 adjusted = .04), $\beta = -.202$, $t(113) = -2.19$, $p = .05$. In addition, the overall change scores (representing overall changes in perceived social support as a result of betrayal) were correlated with measures of depression and anxiety in the short- and long-term in order to assess relationships between overall loss of support and psychological distress. As can be seen in Table 3, results indicated that an overall perceived loss in social support from the romantic partner as a result of betrayal was positively related to problems with anxiety at the time of betrayal and negatively related to problems with depression in the long-term. Loss in social support as a result of betrayal was not related to problems with depression at the time of betrayal or problems with anxiety in the long-term.

Scale scores for the various measures of psychological resolution of the betrayal event were calculated (*i.e.*, measures of "unfinished business," distress over "unfinished business," forgiveness of the perpetrator, and negative emotions experienced upon recall of the event). To test the fourth hypothesis, stepwise multiple regression analyses were conducted to predict psychological resolution variables. Measures of depression and anxiety from the time immediately following the betrayal were used as dependent variables in these analyses. Results indicated that feelings of anxiety as the victims thought back about their experience with betrayal (*i.e.*, an index of unresolved feelings) were predicted by problems with depression at the time of betrayal (R^2 adjusted = .17), $\beta = .409$, $t(119) = 4.89$, $p = .001$. As can be seen in Table 4, reductions in distress when thinking about the betrayal experience was predicted by high levels of anxiety and problems with depression immediately after betrayal. A reduction in fears when thinking about the betrayal experience was predicted by high levels of anxiety at the time of betrayal (R^2 adjusted = .19), $\beta = .432$, $t(119) = 5.22$, $p = .001$, and reductions in the amount of guilt experienced when thinking back on the betrayal experience were significantly predicted by high levels of anxiety at the time of betrayal (R^2 adjusted = .10), $\beta = .308$, $t(117) = 3.51$, $p = .001$. Forgiving the perpetrator of the

romantic betrayal was significantly predicted by low levels of depression immediately after betrayal (R^2 adjusted = .13), $\beta = -.365$, $t(121) = -4.31$, $p = .001$, but feelings of “unfinished business” when thinking about the betrayal during participation also were predicted by problems with depression after the event (R^2 adjusted = .15), $\beta = .387$, $t(120) = 4.60$, $p = .001$. Changes in the extent to which victims experienced anger, disgust, contempt, and shame were not significantly predicted by problems with depression and anxiety at the time of the betrayal.

Additionally, measures of psychological resolution of the betrayal experience were correlated with measures of with depression and anxiety at the time of participation in order to determine whether psychological health is associated with successful resolution of the event. As can be seen in Table 5, problems with depression and anxiety at the time of participation were associated with smaller changes in the extent to which victims felt anxiety, distress, anger, and disgust when thinking about the betrayal, and with failing to forgive the perpetrator and reporting feelings of “unfinished business” over the event. Problems with anxiety at the time of participation also were related to small changes in the extent to which victims experienced shame over their experience.

Finally, the role of coping after a romantic betrayal was assessed. Three types of analyses were conducted in order to assess this role. First, subscale scores on the COPE Inventory (each measuring a unique coping strategy) were calculated and correlated with self-reported depression and anxiety scores from the one-month period following the betrayal in order to identify relationships between clinical/subclinical reactions to betrayal and the methods used to deal with them. As can be seen in Table 6, problems with depression at the time of betrayal were related to seeking instrumental support from others, venting emotions, and denial strategies, whereas low levels of depression were associated with the use of an acceptance strategy. Problems with anxiety at the time of betrayal were associated with seeking emotional and instrumental support from others, mentally and behaviorally disengaging from the situation, venting emotions, and denial strategies.

Second, scale scores from the COPE Inventory were used as predictor variables in a stepwise multiple regression analyses in order to predict current depressive and anxious symptomology. As shown in Table 7, long-term problems with depression were predicted by reports of mentally disengaging from the situation and failing to accept what had happened. As can be seen in Table 8, long-term anxiety was predicted by reports of low-level acceptance of the situation, and reports of venting emotions, using humor, and restraint coping.

Third, although it is not the main thrust of the project scale scores from the COPE Inventory were used as predictor variables in a stepwise multiple regression analyses in an attempt to predict psychological resolution of the event (*i.e.*, feelings of “unfinished business,” distress over “unfinished business,” forgiveness of the perpetrator, and positive and negative emotions experienced upon recall of the betrayal). As can be seen in Table 9, reductions in the amount of anxiety

experienced when thinking about the betrayal were predicted by using coping strategies of acceptance, venting, and trying to grow from the experience, whereas smaller reductions in anxiety were predicted by restraint coping and the use of humor to cope with the situation. Reductions in distress and anger over the betrayal were predicted by having accepted the situation as a coping mechanism (R^2 adjusted = .07), $\beta = .2171$, $t(116) = 3.04$, $p = .005$. Reductions in anger over the betrayal were predicted by reports of having used an acceptance strategy to cope (R^2 adjusted = .10), $\beta = .316$, $t(117) = 3.60$, $p = .001$. Reductions in disgust over the betrayal were predicted by trying to grow from the experience (R^2 adjusted = .09), $\beta = .299$, $t(117) = 3.39$, $p = .001$, whereas reductions in fear over the betrayal were predicted by having behaviorally disengaged in order to cope with the situation (R^2 adjusted = .04), $\beta = .191$, $t(117) = 2.11$, $p = .05$. Reductions in contempt, shame, and guilt were not significantly predicted by any of the coping strategies measured by the COPE Inventory. As can be seen in Table 10, feelings of "unfinished business" over the betrayal event were significantly predicted by the use of restraint coping, venting emotions, whereas psychological resolution of the event was predicted by strategies of acceptance and active coping. Finally, as can be seen in Table 11, failing to forgive the perpetrator of the betrayal was significantly predicted by reports of having vented emotions, whereas forgiveness was predicted by using an acceptance strategy.

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Table 1

Personality Predictors of Problems with Anxiety Within One Month After Betrayal

Variable	β	t	p
Sociotropy	.638	5.63	.000
Lack of Self-Confidence	-.307	-2.70	.008

Note: R^2 (Adjusted) = .24.

Table 2

Correlations Between Measures of Problems with Anxiety and Depression Within One Month After Betrayal and Various Subjective Well-Being and Relational Thinking Measures at the Time of Participation

Variable	Depression	Anxiety
Self-Esteem	-.38**	-.21*
Life Satisfaction	-.45**	-.30**
Trust in Current Romantic Partner	-.33**	-.13
Fear of Intimacy	.25**	.02
Commitment to Current Romantic Partner	-.14	.03
Commitment to the Ideal of Romantic Relationships	-.10	-.09
Barriers to Dissolution of Current Romantic Relationship	.02	-.03
Cynicism about Love	.24**	.01

Note: * = $p < .05$; ** = $p < .01$

Table 3

Correlations Between Overall Change in Perceived Social Support As a Result of Betrayal and Measures of Problems with Anxiety and Depression in the Short and Long Term

Variable	Perceived Change in Social Support
Anxiety Problems Within One Month of Betrayal	.30**
Depression Problems Within One Month of Betrayal	.17
Long-term Problems with Anxiety	-.17
Long-term Problems with Depression	-.22*

Note: * = $p < .05$; ** = $p < .01$

Table 4

Psychological Distress Predictors of Psychological Resolution As Measured by Changes in Distress Over Time When Thinking About Betrayal

Variable	β	t	p
Anxiety Within One Month of Betrayal	.484	4.61	.000
Depression Within One Month of Betrayal	-.283	-2.70	.008

Note: R^2 (Adjusted) = .14.

Table 5

Correlations Between Measures of Long-term Problems with Anxiety and Depression and Various Measures of Psychological Resolution

Variable	Depression	Anxiety
Reduction in Anxiety Over Time	-.25**	-.47**
Reduction in Distress Over Time	-.23*	-.33**
Reduction in Anger Over Time	-.25*	-.35**
Reduction in Disgust Over Time	-.21*	-.29**
Reduction in Contempt Over Time	-.06	-.18
Reduction in Fear Over Time	-.02	-.13
Reduction in Shame Over Time	-.11	-.19*
Reduction in Guilt Over Time	-.03	-.06
Feelings of "Unfinished Business"	.39**	.51**
Forgiveness of Perpetrator	-.31**	-.31**

Note: * = $p < .05$; ** = $p < .01$

Table 6

Correlations Between Measures of Problems with Anxiety and Depression Within One Month of Betrayal and Various Coping Strategies Reported by Victims

Variable	Depression	Anxiety
Reinterpretation and Growth	-.10	.02
Active Coping	-.10	.01
Planning	-.15	-.13
Seeking Emotional Support	.15	.20*
Seeking Instrumental Support	.22*	.18*
Suppression of Competing Activities	.11	.09
Turning to Religion	.14	.05
Acceptance	-.23*	-.04
Mental Disengagement	.15	.18*
Venting of Emotions	.33**	.39**
Behavioral Disengagement	.17	.29**
Denial	.26**	.25**
Restraint Coping	.06	.02
Alcohol and Drug Use	.02	.07
Humor Use	-.10	-.15

Note: * = $p < .05$; ** = $p < .01$

Table 7

Coping Predictors of Psychological Resolution As Measured by Depression At the Time of Participation

Variable	β	t	p
Mental Disengagement	.344	3.86	.000
Acceptance	-.245	-2.74	.007

Note: R^2 (Adjusted) = .12.

Table 8

Coping Predictors of Psychological Resolution As Measured by Anxiety At the Time of Participation

Variable	β	t	p
Acceptance	-.383	-4.11	.000
Venting of Emotions	.225	2.58	.011
Use of Humor	.213	2.40	.018
Restraint Coping	.206	-2.32	.022

Note: R^2 (Adjusted) = .14.

Table 9

Coping Predictors of Psychological Resolution As Measured by Reductions in Anxiety Over Time

Variable	β	t	p
Acceptance	.300	2.97	.004
Restraint Coping	-.272	-3.21	.002
Venting of Emotions	.183	2.20	.030
Reinterpretation and Growth	.232	2.39	.019
Use of Humor	-.178	-2.09	.039

Note: R^2 (Adjusted) = .23.

Table 10

Coping Predictors of Psychological Resolution As Measured by Feelings of "Unfinished Business" At the Time of Participation

Variable	β	t	p
Acceptance	-.432	-4.90	.000
Restraint Coping	.268	4.10	.000
Venting of Emotions	.228	2.80	.006
Active Coping	-.222	-2.28	.024

Note: R^2 (Adjusted) = .27.

Table 11

Coping Predictors of Psychological Resolution As Measured by Reports of Forgiveness of the Perpetrator At the Time of Participation

Variable	β	t	p
Venting of Emotions	-.239	-2.67	.009
Acceptance	.204	2.28	.025

Note: R^2 (Adjusted) = .07.