

**COMMUNICATION APPREHENSION, FAMILY PATHOLOGY AND
RUMINATION AMONG MARRIED INDIVIDUALS**

Dissertation submitted in partial fulfilment of the requirements for the award of

Master of Science in Psychology

By

Raniya Mohideen

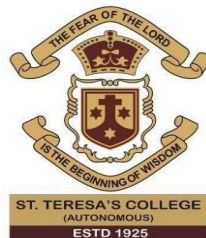
Register No: SM20PSY015

Under the guidance of

MS. Ann Joseph

Assistant Professor

Department of Psychology



ST. TERESA'S COLLEGE (AUTONOMOUS), ERNAKULAM

Nationally Re-accredited at 'A++' level (4th cycle)

Affiliated to: Mahatma Gandhi University

MARCH 2022

CERTIFICATE

This is to certify that the dissertation entitled, “Communication Apprehension, Family pathology and Rumination Among Married Individuals”, is a bonafide record submitted by Ms. Raniya Mohideen, Reg.no. SM20PSY015, of St. Teresa’s College, Ernakulam under my supervision and guidance and that it has not been submitted to any other university or institution for the award of any degree or diploma, fellowship, title or recognition before.

Date: 30/05/2022

Ms. Bindu John

Head of the Department

Department of Psychology

St. Teresa’s College, Ernakulam

Ms. Ann Joseph

Assistant Professor

Department of Psychology

St. Teresa’s College, Ernakulam

External Examiner 1:

External Examiner 2:.....

Internal Examiner:

DECLARATION

I, Raniya Mohideen, do hereby declare that the work represented in the dissertation embodies the results of the original research work done by me in St. Teresa's College, Ernakulam under the supervision and guidance of Ms. Ann Joseph, Assistant Professor, Department of Psychology, St. Teresa's College, Ernakulam, it has not been submitted by me to any other university or institution for the award of any degree, diploma, fellowship, title or recognition before.

Place: Ernakulam

Raniya Mohideen

Date: 20/05/2021

ACKNOWLEDGEMENT

It is not possible to prepare a project report without the assistance and encouragement of other people. This one is certainly no exception. I would like to express my deep heartfelt gratitude to the Department of Psychology, St. Teresa's College, Ernakulam for providing me with the opportunity to undertake the research.

I acknowledge my indebtedness and deep sense of gratitude to my research guide, Ms. Ann Joseph, Assistant Professor, Psychology, for encouraging and guiding me throughout all the phases of my research.

I extend my sincere thanks to my parents, teachers and my friends who all have supported me throughout the time. I am grateful to each and every one who has given me guidance, encouragement, suggestions and constructive criticisms which has contributed immensely for this project.

Above all, I thank God Almighty for blessing me in all the stages of the project and for helping me complete the project successfully.

Thanking you

Raniya Mohideen

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Abstract

Communication is an integral part of any relationship. Communication apprehension can create problems in relationship, and even among family members leading to family pathology. In addition to that, negative thinking style like rumination can cause severe distress to an individual. The present study is conducted among 174 married individuals (male-83 and female-91), who were from the state of Kerala. Data was collected using demographic sheet, Personal Report of Communication Apprehension, Family Pathology Scale and Rumination response scale. The statistical analysis used are Spearman's rank correlation, Mann Whitney U test, t-test and regression analysis. The results shows that there is significant relationship between Communication Apprehension and Family Pathology, Communication Apprehension and Rumination, Family Pathology and Rumination, and that the relationship between Communication Apprehension and Family Pathology is mediated by Rumination. It was also found that there is a significant difference in communication apprehension, rumination and family pathology among men and women.

Keywords: Communication Apprehension, Family Pathology, Rumination

CHAPTER I

INTRODUCTION

High communication apprehensive are those whose fear of communicating outweighs the expected benefit of communicating in a particular situation (Phillips, 1968; McCroskey, 1970). When forced to communicate, such people expect negative thoughts and outcomes from communication and will avoid it if at all feasible, or suffer from a variety of anxiety-like symptoms.

Communication improves language development, content concept and skill learning, rigour and engagement, empathy and understanding of others' perspectives, agency and ownership of key ideas across disciplines, and social and emotional abilities for creating effective relationships. Communication apprehension is the broad term that refers to an individual's "fear or anxiety associated with either real or anticipated communication with another person or persons" (McCroskey, 2001). According to empirical studies on communication apprehension, a person's level of communication apprehension predicts occupational choice. (Daly & McCroskey, 1975), small group seating options (McCroskey & Leppard, 1975), classroom seating choices (McCroskey & Sheahan, 1976), reduced interaction (Wells & Lashbrook, 1970), self-esteem (McCroskey & Richmond, 1975), and self-disclosure (McCroskey & Richmond, 1975). (Hamilton, 1972).

Communication apprehension (CA) affects many people in a variety of ways, whether they are aware of it or not. For some, it's the obvious discomfort that comes with being asked to speak in front of a group. For others, it's the jittery feeling they get before having to speak in front of a group or the shock of nerves they get when coming into a meeting (Andrew C. Petry, 2016).

A person who has a high level of communication anxiety is more prone to have doubts about other people's communication (Low, 1950; Giffin & Heider), and will have difficulty in discussing personal problems especially to significant others such as parents (Phillips, 1968) and they tend to feel secluded and ineffective in social relationships (Low & Sheets, 1951). As a result, it may affect the family cohesiveness and lead to family pathology.

Family pathology is defined as the extent to which maladaptive behaviour is present amongst the family members in their interaction with each other that is, in between spouses and between parents and children (Conna Walls, 2020). And when family pathology exists in a family it will lead to a negative atmosphere and may have an adverse effect on mental health.

Rumination is a cognitive process linked to an increased risk of acquiring psychopathology and maintaining emotional diseases such as sadness and anxiety. Rumination is defined as an “obsessive or abnormal reflection upon an idea or deliberation over a choice.” (Merriam Webster). Rumination is the focused attention on the symptoms of one’s distress, and on its possible causes and consequences, as opposed to its solution (Nolen-Hoeksema, 1998). Rumination, on the other hand, is frequently associated with depressive rumination, which refers to compulsive, negative thinking about the past or present. (Elizabeth J. Lewis, Jutta Joorman, 2018). Rumination is a form of preservative cognition that focuses on negative content, generally past and present, and results in emotional distress.

Communication apprehension is a kind of fear or anxiety that is related to real or anticipated communication with others. Communication apprehension has been defined as a wide personality trait that has a significant

impact on a person's communication behaviour (McCroskey, 1970).

Communication apprehension have strong links between adventurousness, surgency, and general anxiety, while the links between self-control, emotional maturity, and tolerance for ambiguity were large enough to be considered clearly meaningful (James C. McCroskey, John A. Daly). From this study we can identify the impact CA on family pathology and rumination. Thus, also help in identifying and managing the communication apprehension which means, Low communication anxiety, on the other hand, is usually a good thing. Many of the following characteristics are likely to be present in such a person: High interactor, joiner, seeks high communication occupations, mature, a leader, independent, self-assured, assertive, competitive, cheerful, expressive, talkative, responsible, determined, high moral standards, innovative, sociable, many emotional responses, enjoys people, thick-skinned, impulsive, distrustful, ego involved, self-opinionated, resilient, secure, able to cope, self-confident, strong control, self-respect.

There is a crucial role of communication in the development and satisfaction of the marital relationship. Marital dissatisfaction is also an indication of inadequate communication between family members.

Communication apprehension is one factor that can have a significant impact on the individual in a marriage relationship. A person with communication apprehension will have reduced amount of self-disclosure, decreased trust in others, communication-apprehensive person are negatively regarded by others in terms of social attraction, desirable communication partners, and attraction of desirable sexual partners. So, from this study we will get to know more about the connection between CA, family pathology and rumination and thus

Individuals can learn to manage and possibly prevent these factors to set themselves up for success in communication settings if they are made aware of what is or can cause them to experience higher levels of anxiety.

Need and significance

Communication apprehension is one variable which may have profound consequences for the individual in the marriage relationship. Communication apprehension has been found to have a variety of effects upon individual communication behaviour including reduced self-disclosure (Hamilton,1972) and thus lead to less transparency in relationship and absence of transparency makes marriage unhealthier and also inadequate communication between family members. It can also affect reduced trust in others communication. And if it persists for significant amount of time, then it can result in reduced marital satisfaction and family pathology wherein the couples will show maladaptive behaviour in their interaction with each other and might also lead to ruminative thoughts ultimately decreased marital satisfaction and divorce.

CHAPTER II
REVIEW OF LITERATURE

Literature review

Here attempts have been made to check with the previous studies that have already been done the variables Ruminations, Communication apprehension and Family pathology. Review of literature will bring out the studies that have already been done in these areas of research, the feasibility of the study and the research gap which will provide a clear idea about the study. The following are the previous studies conducted related to the variables considered in the present study.

Individual pathology of children was more strongly related than that of their parents to the level of family pathology (William. A Scott, 2007). Underachievers were found to face slightly more family pathology than achievers. Communication satisfaction correlated negatively with both anger expression and family pathology. Family pathology and anger expression were found to be positively correlated (S. Mitra & Mukherjee, 2012). The difference of family pathology and social support in the relapsed of bipolar affective disorder and schizophrenia patients. Family pathology is high in the families of patients with schizophrenia in comparison to Bipolar Affective Disorder Patient's family but the social support is poor in the families of patients with schizophrenia in comparison to Bipolar Affective Disorder Patient's family (Bhupendra Singh, Amool R. Singh, Manisha Kiran, 2014). Intelligence is strongly associated with academic achievement; Family pathology is negatively and significantly related with academic achievement. Two variables of school environment namely creative stimulation and cognitive encouragement is significantly and positively associated with academic achievement (Pradeep Shyam Ranjan, 2020). Higher family pathology has a

negative correlation with emotional competence of an individual (Manasvita Mohan & Anjali Sahai, 2020).

Mike Allen and John Bourhis (2009), studied the relationship of communication apprehension to communication behavior and found a consistent negative relationship between the level of communication apprehension and communication skills. Chinese students from protective and laissez-faire families have a higher level of Communication apprehension than those from pluralistic families. In terms of socio-communicative orientation, Chinese students from pluralistic families tend to be more assertive than those from laissez-faire families and students from pluralistic families tend to be more responsiveness than those from protective families (Yuan, 2010). In a study on Effectiveness of Psychological Intervention on Communication Apprehension And Its Psychosocial Correlates Among College Students it was found that Demographic factors like gender, father's education, and mother's education had an influence on the communication apprehension, and family income had a significant effect on self-esteem. Communication Apprehension had a negative relationship with the self -esteem, self - perceived communication competence, willingness to communicate, and positive relationship between the self-esteem, self - perceived communication competence, and willingness to communicate. And finally, it was seen that Self-esteem and self-perceived communication competence contributed to communication apprehension among engineering students (Ayesha Parveen H, 2020). Timothy Curran, John Seiter, Mengfei Guan, Taylor White (2020) studied and tested associations between mother-child communication apprehension, adult child communication apprehension, and adult child

resilience, self-esteem, and depressive symptoms. Results showed that mother communication apprehension positively predicted adult child communication apprehension. Moreover, adult child communication apprehension predicted lower levels of resilience and self-esteem, and higher levels of depressive symptoms. Cimona Sebastian & Noble Chacko(2020) conducted a on Job Stress, Communication Apprehension and Marital Adjustment in Lady Professionals, and it was found that there is partial significant correlation between job stress and marital adjustment and there is significant correlation between marital adjustment and communication apprehension. In addition, there is no significant correlation between Job stress and communication apprehension. The results also state that there is no significant difference between communication apprehension and marital adjustment. A study on Oral communication apprehension in the classroom it was found that high OCA students experience debilitating mental and physical anxiety during oral communication in the classroom (Jill Annette Love, 2013).

A meta-analysis of different types of repetitive thinking, rumination was found to be closely related to worry, intrusions, self-reproach, neuroticism, and rehearsal (Segerstrom et al.2003). Study on Rumination and Depression in Adolescence, results showed that rumination predicted prospective fluctuations in symptoms of depression and general internalizing problems specifically but not anxious arousal or externalizing problems. (Benjamin L. Hankin, 2010). Rumination was hypothesized to mediate the relation between quality of attachment relations and symptoms of depression. Findings showed that most indices of quality of attachment relations were significantly associated with rumination and symptoms of depression. It was also found that

relation between communication with peers and depressive symptoms was fully mediated by rumination, whereas partial mediation was found for the relations between parental trust and depressive symptoms, and between alienation from peers and depressive symptoms. (Tamara Ruijten, Jeffrey Roelofs & Leo Rood, 2011). Irina Elliott and Suzanne Coker, (2011) studied Independent self-construal, self-reflection, and self-rumination: A path model for predicting happiness, Results showed that independent self-construal had no effect on people's proclivity to self-reflect and self-ruminate. Happiness was associated with a higher level of independent self-concept. The findings also revealed that self-reflection can both increase and decrease subjective happiness (when mediated by self-rumination). While positive self-reflection can be beneficial for people who are unhappy, it can also lead to self-rumination, which has a negative impact on happiness. Eldelekioglu, jale (2015), examined the Predictive Effects of Subjective Happiness, Forgiveness, and Rumination on Life Satisfaction and found out that forgiveness and subjective happiness were found to be positively related to life satisfaction, while rumination was found to be negatively related to life satisfaction, also revealed that subjective happiness and forgiveness positively predicted life satisfaction, while rumination negatively predicted life satisfaction. Yingkai Yang B.S., Songfeng Cao M.A., Grant S. Shields M.A., Zhaojun Teng M.A., Yanling (2016), studied the relationships between rumination and core executive functions and found a significant negative association between rumination and inhibition or set-shifting. There was no significant association between rumination and working memory. Aman Sado Elemo, Seydi Ahmet Satici and Mehmet Saricali (2018) investigated the role of forgiveness and

vengeance in mediating the relationship between anger rumination and subjective happiness. According to structural equation modelling, the relationships between rage rumination and subjective satisfaction were completely mediated by forgiveness and revenge. It was also found that there is a significant indirect impact of rage rumination on subjective satisfaction due to the mediating influence of forgiveness and revenge. This result indicates that forgiveness and revenge help to explain the connection between rage rumination and subjective happiness. Yueli Zheng, Zongkui Zhou, Qingqi Li, Xiujuan Yang and Cuiying Fan (2019), Studied whether self-control and rumination can help to mediate the link between perceived stress and lower life satisfaction in adolescents and found that perceived stress was negatively associated with life satisfaction, self-control and rumination both partially mediated the relationship between perceived stress and life satisfaction in a parallel pattern; and self-control and rumination also sequentially mediated the relationship between perceived stress and life satisfaction. Furthermore, it revealed that self-control and rumination can mediate the relationship between perceived stress and life satisfaction not only concurrently, but also sequentially.

CHAPTER III

RESEARCH METHODOLOGY

Aim

To assess the mediating role of rumination on the relationship between communication apprehension and family pathology.

Statement problem

1. Whether there will be a significant relationship between communication apprehension, rumination and family pathology among married individuals?
2. Whether the relationship between communication apprehension and family pathology is mediated by rumination among married individuals?
3. Whether there is a significant difference in the level of rumination, communication apprehension and family pathology among men and women?

Objectives

1. To find the relationship between communication apprehension and family pathology.
2. To find the relationship between communication apprehension and rumination.
3. To find the relationship between family pathology and rumination.
4. To find whether rumination has a mediating effect on communication apprehension and family pathology.
5. To study the difference in rumination among men and women.
6. To study the difference in Communication apprehension among men and women.
7. To study the difference in family pathology among men and women.

Hypothesis

H1: There is significant relationship between communication apprehension and family pathology.

H2: There is significant relationship between communication apprehension and rumination.

H3: There is significant relationship between family pathology and rumination.

H4: The relationship between communication apprehension and family pathology is mediated by rumination.

H5: There exists a significant difference in rumination among men and women.

H6: There exists a significant difference in communication apprehension among men and women.

H7: There exists a significant difference in Family pathology among men and women.

Research design

Descriptive research design is used to meet the objectives of the study.

Operational definitions

Communication apprehension is operationally defined as the sum of the scores obtained in the a) group discussion b) meetings c) interpersonal and d) public speaking dimensions of the Personal Report of Communication Apprehension.

Group discussion in CA is the level of fear or anxiety of communicating or the idea of interacting. Interpersonal anxiety an anxiety syndrome associated

with either real or anticipated communication with another person or persons. And public speaking in CA refers to the anxiety associated with public speaking.

Family pathology is defined as the sum of the scores obtained in Family Pathology Scale (FPS), higher score indicates higher family pathology. All the items in the FPS are indicative of family pathology. The family pathology is the extent to which maladaptive behaviour is present amongst the family members in their interaction with each other that is between spouses and between parents and children.

Rumination is defined as the sum of scores obtained in the Rumination response scale, high score indicates higher rumination. Rumination is a type of persistent cognition that focuses on bad content, usually from the past or present, and causes emotional misery.

Sample

The sample for the present study were married individuals, both male (n=83) and (female n=91) samples (N=174) were randomly selected and given the questionnaire and those who can read and understand English language were only included in this study. The sampling technique selected for the study is convenient sampling method.

Population

The population selected for this study is married individuals of Kerala state.

Sampling design

Inclusion criteria

- Only married individuals were included in this study.
- The samples were only taken from Kerala, India.

Exclusion criteria

- Unmarried individuals were excluded.
- Married individuals from other states were not taken for the study.

Tools used for data collection

The questionnaire consisted of three sections:

1. Informed Consent – this was developed by the researcher. It contains the voluntary consent of the participants to take part in the questionnaire provided their identity will be kept confidential.
2. Demographic sheet- this part of the questionnaire collects the basic details of the participants such as name, age and gender.
3. The Personal Report of Communication Apprehension (PRCA-24) is an instrument designed by James McCroskey. The scale measure communication apprehension of the participants. The scale consists of 24 items four subscales. There are 6 items in interpersonal scale, meeting and public speaking. The PRCA-24 is a 5-point Likert type scale. 1 point for ‘Strongly Disagree,’ 2 points for ‘Disagree,’ 3 points for ‘Neutral,’ 4 points for ‘Agree’ and 5 points for ‘Strongly Agree.’ This instrument is highly reliable and has a very high predictive validity.
4. The Family Pathology (FPS) questionnaire developed by Dr. Vimala Veeraraghavan and Dr. Archana Dogra. The family pathology scale, indicates the extent to which maladaptive behaviour is present amongst the family members in their interaction with each other i.e. between spouses and between parents and children. The scale consists of 42 items and 3-point rating scale, with 1 point for response ‘never’ indicating low/ no family pathology, 2 points for ‘Occasional response,’ and 3 points for ‘most often,’ respectively. The test-

retest reliability for this scale was $X_{tt} = 0.79$. The test-retest reliability was estimated to be $X_{tt} = 0.63$, with an index of reliability $X_{tt} = .79$.

5. The Rumination response scale (RRS) was formed by Treynor et al. The scale consists of 10 items. Each item is scored on a 4-point Likert scale, 1 point for 'almost never', 2 points for 'sometimes,' 3 points for 'often,' and 4 points for 'almost always.' It has a high level of internal reliability (Cronbach's $\alpha = .85$).

Procedure

The data of the samples were collected through a digital platform where the scale was circulated as an online questionnaire through Google forms. The questionnaire began with a voluntary participation form which also included the confidentiality of the data that was entered followed by the demographic details such as age, gender etc of the participant. The Personal Report of Communication Apprehension, Family Pathology and Rumination questionnaire was used which took the participants 20 minutes to complete it. All the data was acquired and the final results were achieved through SPSS.

Data analysis technique

The responses of the subject were analysed using Statistical Package for Social Sciences (SPSS) and Excel sheet. SPSS is a statistical software developed by IBM for data management, analysis and investigation. The following statistical tool was applied for data analysis.

Table 1

The Result of Shapiro-Wilk test of normality for Communication Apprehension Scale, Family Pathology Scale and Rumination Scale among married individuals.

Variables	K	df	Sig
Communication	.992	.174	.489
Apprehension			
Family pathology	.963	.174	.000
Rumination	.977	.174	.005

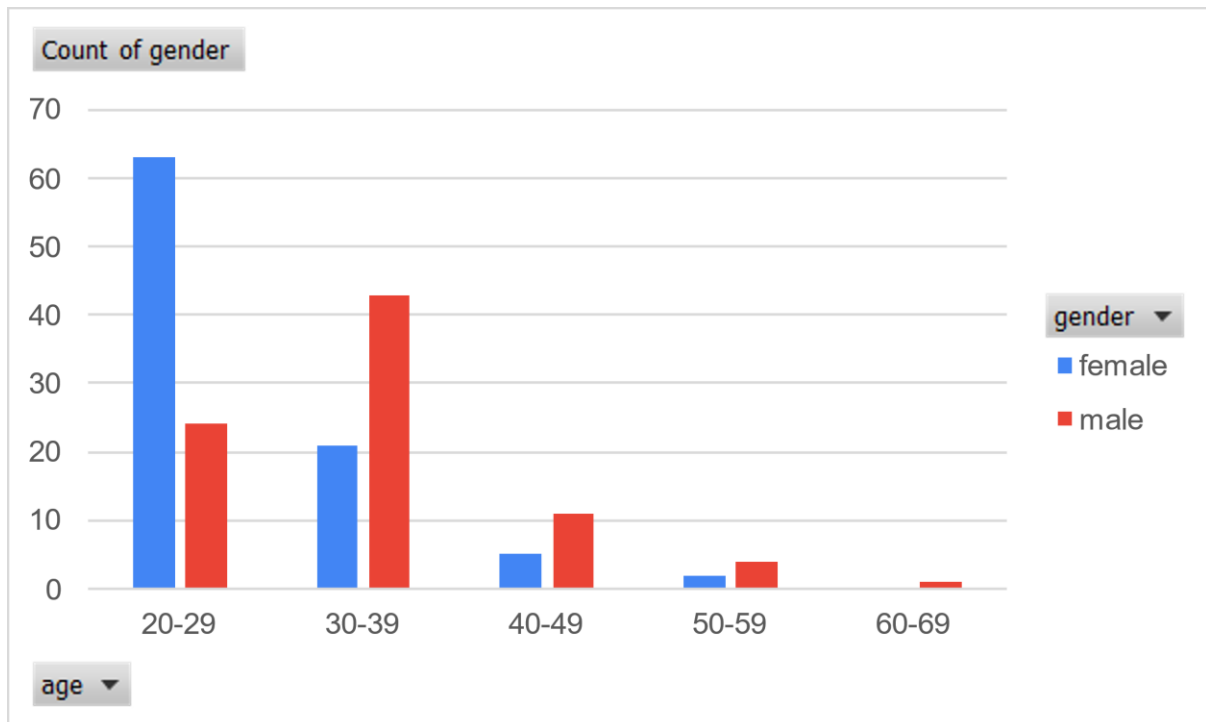
The result of Shapiro-Wilk test of normality of Communication Apprehension shows that the variable is normally distributed among the sample ($p=.489$, $p>0.05$). The Shapiro-Wilk test of normality of Family Pathology and Rumination shows that the variables are not normally distributed in the sample ($p<0.05$).

CHAPTER IV
RESULT AND DISCUSSION

The study was conducted among 174 participants. the descriptive research design was used to meet the objectives of the study. The data was analysed using Spearman’s rank correlation, Mann Whitney U test, t-test and regression analysis.

Figure 1

Distribution of participants on the basis of age and gender.



Total 174 participants, out of which 91 are female and 83 are male.

H1: To find the relationship between communication apprehension and family pathology.

Table 2

The table shows the Correlation between communication apprehension and family pathology.

Variables	Family pathology
Communication apprehension	0.256**

*Significance at 0.01 level.

The table shows the correlation between Communication Apprehension and Family Pathology. The correlation coefficient is found to be 0.256 which is significant at 0.01 level. This indicates a substantial positive relationship between the variables. This means that an increase in the level of Communication Apprehension will lead to increase in family pathology. Hence, the hypothesis H1 “To find the relationship between communication apprehension and family pathology” is accepted.

Fear or worry connected with actual or expected contact with another person or persons is known as communication apprehension, McCroskey (2001), and family pathology indicates the extend to which maladaptive behaviour is amongst the family members given by Vimala Veeraraghavan and Archana Dorga (2000). Communication apprehension will have variety of effects upon individuals’ communication behaviour including reduced self-disclosure (Hamilton, 1972) and thus lead to less transparency in relationship and absence of transparency might make marriage and relationships unhealthier also result in inadequate communication between family members.

The findings contradict previous study given by S. Mitra and Mukherjee, (2012), which found that Communication satisfaction is correlated negatively with both anger expression and family pathology. Family pathology and anger expression were found to be positively correlated.

H2: There is significant relationship between communication apprehension and rumination.

Table 3

The table shows the Correlation between communication apprehension and Rumination.

Variables	Rumination
Communication Apprehension	.234**

*Significance at 0.01 level

The table shows the correlation between Communication Apprehension and Rumination. The correlation coefficient is found to be 0.234 which is significant at 0.01 level. This indicates a substantial positive relationship between the variables. This means that an increase in the level of Communication Apprehension will lead to increase in Rumination. Hence, the hypothesis H2, “There is significant relationship between communication apprehension and rumination” is accepted.

As the finding says communication apprehension is positively correlated with rumination. A person with high level of CA will have difficulty in getting involved in discussions, meetings and conversations. They will be conscious about their acts and fearful of situations where he/she has to speak or tell their opinions and this will in turn make individuals always think why do they

always react this or why do they have problems other people don't have and so on James McCroskey and Treynor et al (2003).

The supporting study was given by Dawn M. Sweet, Douglas Gentile and Lanmiao, they found that Mindfulness had a direct negative relationship with communication apprehension and a direct positive relationship with willingness to communicate, whereas depression, anxiety, and stress each had a direct negative relationship with communication apprehension and willingness to communicate. Rumination was also directly associated with communication apprehension and willingness to communicate, and it was mediated through depression, anxiety, and stress.

H3: There is significant relationship between family pathology and rumination.

Table 4

The table shows the Correlation between family pathology and Rumination.

Variables	Rumination
Family Pathology	.496**

*Significance at 0.01 level.

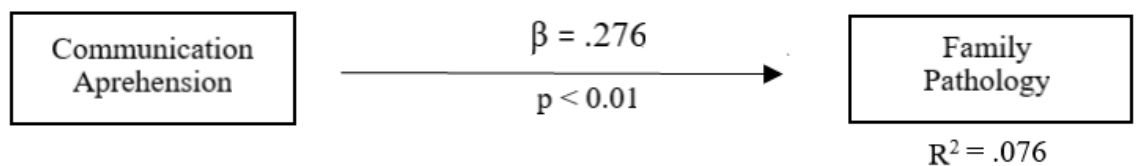
The table shows the correlation between Family Pathology and Rumination. The correlation coefficient is found to be 0.496 which is significant at 0.01 level. This indicates a substantial positive relationship between the variables. It means that an increase in the level of family pathology will lead to increase in Rumination. Hence, the hypothesis H3, “There is significant relationship between family pathology and rumination” is accepted.

The individuals with high level of family pathology might constantly be in tension thinking that family members might mistake him/her and they keep trying to please everyone in the family and in the process, will find he/she doesn't have time for themselves. And these thoughts (rumination) will persist in these individuals Dr. Vimala Veeraraghavan and Dr. Archana Dogra (2000).

H4: The relationship between communication apprehension and family pathology is mediated by rumination.

Figure 2

The figure shows the regression analysis between Communication Apprehension and Family Pathology.

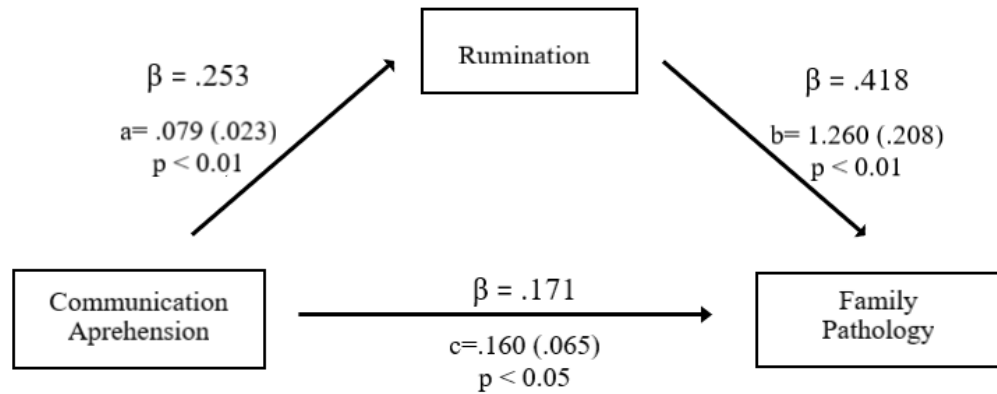


Regression analysis was conducted to analyse the effect of the predictor variable Communication Apprehension on the outcome variable Family Pathology. The predictor variable was significantly correlated with outcome variable during correlational analysis.

There is a significant amount of variability of R^2 for Family Pathology caused due to its relationship to Communication Apprehension. It can be depicted that for every one unit of Communication Apprehension observed it counts for $R^2 = 0.076$ units of Family Pathology.

Figure 3

The figure shows the mediation effect of rumination in the relationship between Communication Apprehension and Family Pathology.



There is a significant positive relationship between Communication Apprehension and Family Pathology ($p < 0.01$). Thus, higher the Communication Apprehension higher the Family Pathology observed.

There is also a significant positive relationship between Communication Apprehension and Rumination ($p < 0.01$) and between Rumination and Family Pathology ($p < 0.01$).

In a stepwise regression it was found that Communication Apprehension ($\beta = 0.171$, $p < 0.05$) and Rumination ($\beta = 0.418$, $p < 0.01$) were significant positive predictors for Family Pathology.

The total model explained 23.9% of variance in Family Pathology ($R^2 = 0.239$). The indirect effect between Communication Apprehension and Family Pathology via the intermediate variable of rumination is statistically significant ($a \times b = 0.099$, $p < 0.01$) thus, Communication Apprehension and Rumination were significant predictors of Family Pathology. Rumination had

a mediating effect on the relationship between Communication Apprehension and Family Pathology.

The supporting study was given by Down M. Sweet, Douglas Gentile and Lanmiao He, (2021). They found that Rumination was directly associated with communication apprehension and willingness to communicate, and it was mediated through depression, anxiety, and stress.

Another study given by Tamara Ruijten, Jeffrey Roelofs and Lea Rood, (2011) found that the relation between communication with peers and depressive symptoms was fully mediated by rumination, whereas partial mediation was found for the relations between parental trust and depressive symptoms, and between alienation from peers and depressive symptoms.

H5: There exists a significant difference in Rumination among men and women.

Table 5

The table shows the result of Mann-Whitney U test comparing difference in Rumination among men and women.

Gender	N	Mean rank	U	z	sig
Male	83	77.77			
			2969	-2.44	.015
female	91	96.37			

The result of Mann-Whitney U test comparing difference in Rumination among men and women shows that the mean rank of male is 77.77 and female is 96.37 which has a significance value of $p=0.015$ ($p<0.05$). which means that

there is significant difference in Rumination among male and women. Hence, the hypothesis H5, “There exists a significant difference in rumination among men and women is accepted.

The women’s might be having higher rumination compared to male because it might be fostered by experiences resulting from women's social status that is subordinate to men in the society. Which make them less confident in what they are doing, low self-esteem and make them more vulnerable to persistent distress, Jodi Frantz, Amber Marlow et. al, (2005).

The supporting study given by Daniel P Johnson et al. (2013), found that gender differences in depression result is in part due to women’s tendency to ruminate more than male.

H6: There exists a significant difference in communication apprehension among men and women.

Table 6

The table shows the result of t test comparing difference in Communication Apprehension among men and women.

Variable	Gender	N	Mean	t	
Communication Apprehension	Male	83	58.96	-5.477	1
	Female	91	70.90		

The above table shows the result of t-test comparing difference in Communication Apprehension among male and women. The mean value of male is

58.96 and female is 70.90. The t value is -5.477, df is 172 which has a significance value of $p=0.000$ ($p<0.01$). which means that there is significant difference in Communication Apprehension among male and women. Hence, the hypothesis H6 “There exists a significant difference in communication apprehension among men and women” is accepted.

Women are more inclined to compare themselves to other women. They are pressured to portray perfection in order to meet societal expectations. The ideal woman has been shaped by television to be assertive, independent, and outgoing. If a woman thinks she lacks these qualities, she may feel self-conscious, which can lead to communication anxiety. This could explain why females have a much greater CA level than males (Jodi Frantz, Amber Marlow & Jennifer Wathen, 2005). And also, they will have lower self-esteem (Alejandro Campero-Oliart and Christopher T Lovelace, 2000).

These findings were supported by study Jodi Frantz, Amber Marlow and Jennifer Wathen, which found a statistically significant difference in the level of communication apprehension experienced by males and females.

H7: There exists a significant difference in Family pathology among men and women.

Table 7

The table shows the result of Mann-Whitney U test comparing difference in Family Pathology among men and women.

Variable	Gender	N	Mean Rank	U	Z	Sig
Family Pathology	Male	83	78.31	3014	2.298	.022
	female	91	95.88			

The result of Mann-Whitney U test comparing difference in Family Pathology among men and women shows that the mean rank of male is 78.31 and female is 95.88 which has a significance value of $p=0.022$ ($p<0.05$). which means that there is significant difference in Family Pathology among male and women. Hence, the hypothesis H7 “There exists a significant difference in Family pathology among men and women” is accepted.

The findings shows that female has a higher level of family pathology than compared to male. It might be because women are the ones who are more rejected in a patriarchy society how much ever developed, we are. Rejection can be a reason for women to have higher levels of family pathology. From childhood girls are more vulnerable to physical neglect, denial of love and affection, lack of interest in the girl’s activities and achievements and lack of respect for the girl’s right and feeling as compared to boys (Akriti Kushwaha, 2021).

CHAPTER V
CONCLUSION

This chapter summarizes the present study 'Communication Apprehension, Family Pathology and Rumination among Married Individuals'. The study seeks to find out the relationship between Communication Apprehension, Family Pathology and Rumination among Married Individuals and also to find out the mediating role of rumination in the relationship between Communication Apprehension and Family Pathology.

Findings

1. Communication Apprehension is significantly positively correlated with family pathology.
2. Communication Apprehension is significantly positively correlated with rumination.
3. Family Pathology is significantly positively correlated Rumination.
4. The relationship between communication apprehension and family pathology is mediated by rumination.
5. There exists a significant difference in rumination among men and women.
6. There exists a significant difference in communication apprehension among men and women.
7. There exists a significant difference in Family pathology among men and women.

Implications

1. The study provides an insight about how Communication Apprehension is affecting the family pathology, help people to understand about how is Communication Apprehension affecting their lives and make the needful changes.

2. This data can be used by psychologists, counsellors in planning and conduct intervention programs to overcome Communication Apprehension, Family Pathology and Rumination among all individuals and build a confident society.
3. Schools can take initiatives in removing communication anxiety from the school level itself to help children grow to a confident person without communication apprehension.

Limitations

1. The data were collected mostly using google form.
2. The samples were not of equal gender distribution.
3. Sample size was small
4. Since non probability sampling was used the findings cannot be applied to the entire population.

Suggestions for future research

1. Demographic variables like, socio economic status and other cultural factors can be included.
2. It might be beneficial in the future to extend the sample to wider groups.
3. It would be interesting to build on this research by investigating the effect of different variables affecting Communication Apprehension, Family Pathology and Rumination.

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APPENDICES

APPENDIX-A

CONSENT FOR PARTICIPATING IN THE RESEARCH

I'm Raniya Mohideen pursuing my masters in psychology from ST Teresa's College. I'm conducting a survey research on the topic " Communication Apprehension, family pathology and rumination among married individuals. I kindly request to read the questions and mark the responses carefully. Please try to make your responses honestly which will be very helpful to my survey research.

Protection of rights and confidentiality

The confidentiality of your identity as well as responses will be maintained. the information collected are only used for academic purposes. Information gathered in this research will be subjected to statistical analysis, may be published or presented in public forums, however any of your identifying information will not be used or revealed. You can stop participating at any time

I have read all the above information and I truly understood the nature of the study. I agree to participate in the study.

Agree and continue

Disagree and exit

APPENDIX B

DEMOGRAPHICAL DETAILS

Name:

Age:

Gender : Male /Female

APPENDIX C

This instrument is composed of twenty-four statements concerning feelings about communicating with others. Please indicate the degree to which each statement applies to you by marking whether you:

Strongly Disagree = 1 Disagree = 2 Neutral = 3 Agree = 4

Strongly Agree = 5

1. I dislike participating in group discussions.
2. Generally, I am comfortable while participating in group discussions.
3. I am tense and nervous while participating in group discussions.
4. I like to get involved in group discussions.
5. Engaging in a group discussion with new people makes me tense and nervous.
6. I am calm and relaxed while participating in group discussions.
7. Generally, I am nervous when I have to participate in a meeting.
8. Usually, I am comfortable when I have to participate in a meeting.
9. I am very calm and relaxed when I am called upon to express an opinion at a meeting.
10. I am afraid to express myself at meetings.
11. Communicating at meetings usually makes me uncomfortable.
12. I am very relaxed when answering questions at a meeting.
13. While participating in a conversation with a new acquaintance, I feel very nervous.
14. I have no fear of speaking up in conversations.
15. Ordinarily I am very tense and nervous in conversations.
16. Ordinarily I am very calm and relaxed in conversations.

17. While conversing with a new acquaintance, I feel very relaxed.
18. I'm afraid to speak up in conversations.
19. I have no fear of giving a speech.
20. Certain parts of my body feel very tense and rigid while giving a speech.
21. I feel relaxed while giving a speech.
22. My thoughts become confused and jumbled when I am giving a speech.
23. I face the prospect of giving a speech with confidence.
24. While giving a speech, I get so nervous I forget facts I really know.

APPENDIX D

There are 42 statements given which depict the behaviour of an individual in the family surroundings and his perception towards family members. You have to read each statement carefully and mark the tick (✓) on any of the three response mode against each statement.

Statements	Most often	occasionally	Never
1. I ask the child to come. The moment he comes, I send him back. I can never say what I want to communicate.			
2. I am all the time on guard, lest what I say may make the other person hurt me.			
3. I am always worried about what other family members think about me and my behaviour.			
4. I always fear that my children may leave me.			
5. In my house, quarrels are invariably among the members not following certain rules and regulations.			

<p>6. I spend hours together on prayers and insist that others should also do the same.</p>			
<p>7. I have to spend hours together in wiping, cleaning and dusting</p>			
<p>8. I have to wash everything because I feel my family members have defiled the things since they did not wash themselves.</p>			
<p>9. I sometimes feel that I spend all my time on all these activities and have no time to rest.</p>			
<p>10. I keep testing every now and then whether the children love me or not.</p>			
<p>11. I always want the children to come to me and demonstrate their affection</p>			
<p>12. I get panicky when they (children) show more affection towards an outsider lest they get attracted towards them.</p>			
<p>13. I get angry when the children spend more time with my spouse than me.</p>			

14. I like to see my children always around me.			
15. I never send them to the relatives or friends house even for a few hours.			
16. I feel very nervous when the child expresses a wish to go away from home.			
17. I keep telling my child he should do things as I say.			
18. I keep rewarding my child for everything but still I find he/she is not attached to me.			
19. Over the years my rewarding techniques have become more and more expensive for me.			
20. I get hurt when the child disobeys me.			
21. Whenever I get angry or frustrated, I punish the child.			
22. I feel so disturbed by the children that I lock them in the room for atleast 3-4 hours a day.			
23. Sometimes my anger becomes so extreme that I just don't know what			

I am doing to the child, later I regret my action and cry over it.			
24. I keep apologizing to the child whenever I think he's angry with me.			
25. I am constantly in tension that my family members may mistake me.			
26. I keep trying to please everyone in the family and in the process, I find I have no time for myself			
27. feel very happy that my family is totally dependent on me.			
28. If any family member talks well of any other family member I get completely put off.			
29. I want everyone in the family to appreciate me, reassure me that I am on the right path			
30. I insist on everyone to be perfect.			
31. I just cannot tolerate even a small deflection from perfection.			
32. I get easily put off when the child obeys others and not me			
33. If the child does not return from school on time. I get panicky.			

<p>34. I insist on accompanying my child to every place he/she goes to despite his/her protest.</p>			
<p>35. The moment the child leaves home, I start visualizing and imagining that some bad incident has occurred and get totally panicky.</p>			
<p>36. I insist that the child should ring me up when he /she reaches their destination and ring me back when they start to leave</p>			
<p>37. I can never let my child go to a hostel.</p>			
<p>38. When the child misses his food even a little bit, get very worried</p>			
<p>39. I sometimes try to win the child by crying.</p>			
<p>40. I keep telling the child how great I am, how grateful he should be towards me for all I have done.</p>			
<p>41. I insist on proper loving behaviour on the part of the child for all I have done for him</p>			
<p>42. When i go to work or anywhere outside, my mind is always back</p>			

home with the children and I just cannot enjoy the shopping etc			
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APPENDIX E

Please read each of the items below and indicate whether you almost never, sometimes, often, or almost always think or do each one when you feel down, sad, or depressed. Please indicate what you *generally* do, not what you think you should do.

1-almost never

2-sometimes

3-often

4-almost always

1. Think "What am I doing to deserve this?"	Almost never	Sometimes	often	Almost always
2. Analyze recent events to try to understand why you are depressed				

3. Think “Why do I always react this way?”				
4. Go away by yourself and think about why you feel this way				
5. Write down what you are thinking and analyze it				
6. Think about a recent situation, wishing it had gone better				
7. Think “Why do I have problems other people don’t have?”				
8. Think “Why can’t I handle things better?”				
9. Analyze your personality to try to understand why you are depressed				
10. Go someplace alone to think about your feelings				