

Family Pathology and Thwarted Belongingness among Men and Women

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

Master of Science in Psychology

By

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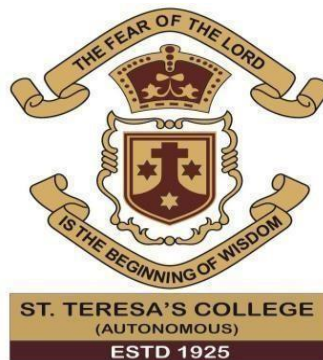
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CERTIFICATE

This is to certify that the dissertation entitled, “Family pathology and Thwarted belongingness among Men and Women”, is a bonafide record submitted by Swathy k, SM21PSY014, of St. Teresa’s College, Ernakulam under the supervision and guidance of Ms. Ann Joseph Faculty 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.

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I, Swathy k, 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.

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Abstract

Human beings have a need for belongingness and connectedness. The family is of central importance to human beings and it is inconceivable to think of an individual's development without a family. The relationships within the family are complex. The current study aims to investigate the relationship between Family Pathology and Thwarted belongingness. Family pathology is the extent to which maladaptive behavior is present amongst a family. This may lead to a state of lack of connectedness with other, known as Thwarted belongingness. This study sought to examine: 1) The relationship between Thwarted belongingness and Family Pathology among Men and Women and 2) The difference in the level of Thwarted belongingness and Family Pathology among Men and Women. The research is carried out among 152 Female and 148 Male, with children (n=300). Participants were selected using purposive sampling method. The findings suggest that there is a negative relationship between Thwarted belongingness and Family Pathology among Men and Women. It was also found that there exist a significant difference in Family pathology among the group but no significant difference was found in Thwarted belongingness among Men and Women. The current study provides insight into the relationship between thwarted belongingness and family pathology and also highlights the importance of fostering connectedness and belongingness within families to promote positive familial interactions and mental well-being.

Keywords: Family Pathology, Thwarted belongingness, Connectedness

Chapter 1

Introduction

The family is a primary social unit of every culture. In India, the family rather than the individual has been considered as the unit of the social system. The Indian family reflects the sociocultural fabric of Indian society, its philosophy, and values (Sethi, 1989).

The relationships within a family are complex, of varying degrees of intensity and myriad in nature. The emotional tone, which governs the relationship between any two persons, is continuously influenced in its course by emotional relationships of all others in the family. This changing manifold emotional currents and cross-currents determine the prevailing "atmosphere" in the family which sets the basis for interaction and interpersonal relationships in the family.

The family is of central importance to human beings and it is inconceivable to think of an individual's development without a family. The biological, sociological and socio cultural functions of the family occur in terms of the interactions of the family members with each other and with persons outside of the family. These interactions are the basic foundation over which the edifices of the family are built up. Over the centuries the many social changes that have occurred in societies have in one way or the other affected these interactions, yet despite these changes the family has retained its unity and identity more or less in the same way as in the past with very little change.

Family pathology is indicated by family discord particularly between spouses and between children and parents (Saarani, 2000). Previous studies suggest that family pathology has the most harmful effects on a family; it can heighten mental risks of individuals and decrease their well-being. Family pathology is one of the common results of dissatisfaction among members in the family and develops an emotional disruption in individuals of that

family. The emotional breakdown is undoubtedly frustrating and is accompanied by different traumas for them.

Thwarted belongingness refers to the mental suffering that occurs as a result of a lack of connectedness with others. Human beings are born to be relational and desire to feel connected, and when this does not occur, it results in loneliness and increases thwarted belongingness (Joiner, 2005).

Belonging is defined as a unique and subjective experience that relates to a yearning for connection with others, the need for positive regard and the desire for positive regard and the desire for interpersonal connection (Rogers, 1951). A sense of belongingness has been described as a fundamental human motivation underpinned by a pervasive and compelling need to belong that we continually seek to find and maintain. Absence of belongingness shows negative and devastating effects on people, both physically and psychologically (APS, 2019). According to Maslow, hierarchy needs are divided into five levels. They are psychological needs, needs for security and safety, Social needs (love and belongingness needs), Esteem needs, Self actualization needs. Third level of Maslow hierarchy needs is love and belongingness. A human emotional need for interpersonal connections, affiliating, connectivity, and being a member of a group is referred to as belongingness. Friendship, closeness, trust and acceptance, as well as receiving and giving affection and love are the examples of belongingness requirements. Thwarted belongingness is a psychologically-painful mental state that results when the fundamental need for connectedness and need to belong is unmet. (Baumeister and Leary, Cacioppo & Patrick 2008). It is the sense that the individual lacks connections to others and that previous meaningful relationships have been strained or lost. It has been identified as a risk factor for the development of suicide ideation. Thwarted belongingness is described as a sense of alienation from loved ones, peers, and or other significant social circles. It comprises two components (1) loneliness (I feel

separated from others) and (2) lack of mutual and required care (I have no one to turn to and I do not support others). It is a dynamic cognitive-affective state and it is influenced by inter- and intra-personal factors such as domestic conflicts, solitary living, lack of social support, and the tendency to interpret others' response as a rejection. Thwarted belongingness builds suicidal thoughts in experiencing loneliness and the lack of trust in interpersonal associations (Van Orden, 2010). Moreover, as Joiner (2007) suggested, recurring life events that are stressful can reduce an individual's sense of connectedness with others, thus increasing thwarted belongingness. According to Maslow's hierarchy of needs theory, individuals strive to fulfil their basic needs, such as physiological needs and safety needs, before striving to achieve their belongingness needs, esteem needs, and self-actualization needs. Thwarted belongingness is categorized as social or belongingness needs, the third level of the five levels of needs in Maslow's hierarchy.

Only few studies are conducted on family pathology and thwarted belongingness in men and females with children. No studies were conducted to find the relationship between the three variables. The present study will help to understand how thwarted belongingness affects the family pathology of husbands and wives in a family and will help to understand the importance of the need of belongingness in a family.

Need and Significant of the Study

Thwarted belongingness refers to the feeling of not belonging or not being accepted by others, which can lead to social isolation and loneliness. Family pathology refers to dysfunctional family relationships that can affect the well-being and mental health of individuals. The study of thwarted belongingness and family pathology can help understand the factors that contribute to marital conflicts and dissatisfaction. It can also provide insights into how to promote positive communication and healthy relationships between husbands and wives. Furthermore, the study of these topics can help mental health professionals develop

effective interventions and treatments for individuals and couples who are struggling with relationship problems. It can also help prevent the development of mental health disorders that can arise from dysfunctional family dynamics.

Chapter 2

Review of Literature

The review of the existing literature provides us with a clear understanding of the research that has been done in the past and helps to identify the gaps in the existing literature. The following articles cover some of the studies that have already been done in these areas.

Mitra and Mukherjee (2012) conducted research on the topic Family pathology, anger expression from communication with mothers in female adolescent underachievers. The study revealed that family problems were crucial for predicting a student's achievement. On the other hand, satisfaction from communication with parents is a positive emotion which equips individuals with happiness and better adjustments.

In 2014, Tara Donler, Philip J Batterham, and Helen Christensen conducted a cross-sectional study on the topic of gender differences in risk factors for suicidal behavior. The study aimed to explore how perceived burdensomeness, thwarted belongingness, and acquired capability for suicide predict and correlate differently among genders. According to the study's findings, both males and females showed increased suicide idealization with higher perceived burdensomeness. Additionally, higher thwarted belongingness was uniquely related to perceived burdensomeness among females. For males, greater physical health was significantly associated with higher thwarted belongingness, while this association was not observed among females. The study sheds light on the different ways in which risk factors for suicidal behavior may manifest among males and females, highlighting the importance of considering gender differences in suicide prevention efforts. Ghasemi, Etemadi and Sayed Ahmad Ahmadi (2015) studied the relationship between negative interactions of couple and family in law with intimacy and marital conflict. The result of the study showed that there is a

positive and significant relationship between negative interactions of couples and family in law with intimacy.

Ghosh and Chakraborty (2017) conducted a study on the impact of family pathology on emotional and behavioral problems in children. The study found that both mothers and fathers have a slightly significant effect on their children's emotional and behavioral problems, with mothers exhibiting more pathological problems than fathers. Carerra and Wei (2017) conducted a longitudinal study on thwarted belongingness, perceived burdensomeness, and depression among Asian Americans. The study revealed that thwarted belongingness and perceived burdensomeness contribute to high risk for shame, and students with perfectionist family discrepancy may be at higher risk of depression when experiencing thwarted belongingness. In 2017, Gerami and Etemadi analyzed the pathology of dual-career partners and its effect on family structure. The study found that dual-career couples face issues related to career-family conflicts, power and influence, financial and economic affairs, responsibility division, problems with sexual and marital relations, child-rearing, and decreased intimacy. The consequences of these issues include a lack of happiness and joy, decreased relations with relatives, and spiritual and psychological issues. A study conducted with the aim of to investigate the potential triggering on suicide attempt in rural China. It is a cross-over study by Liu Bao-Pang, Zhang Jie, Qui Hin- Min (2019). In the study they found that marriage/love, family/home and friends/ relationships were lead to the negative life events and also specifically increased risk of suicide attempt is associated with quarrelling with a partner or family member. The finding of the study reveal that negative life events triggering the suicidal attempt and the family conflicts should be greater focus of attention in suicide prevention.

Gratz, Tull, Richmond and Kavala M (2020) conducted a research on the topic Thwarted belongingness and perceive burdensomeness explain the association of COVID-19

social and economic consequences to suicide risk. The result of study revealed a significant indirect relation of stay-at-home order status to suicide risk through thwarted belongingness. Further whereas recent job loss was significantly correlated with suicide risk, neither the direct relation of job loss to suicide risk nor the indirect relation through perceived burdensomeness was significant.

A study was conducted on the topic Negative life events and life satisfaction : Exploring the role of family cohesion and self-efficacy among economically disadvantaged adolescents by Fang- Hua Jang (2020). The study examines how uncontrollable and controllable negative life events related to adolescents' life satisfaction and whether family cohesion and self-efficacy mediated association between negative life events and life satisfaction. The findings of the study indicated that controllable negative life events were associated with life satisfaction and also uncontrollable life events did not affect life satisfaction.

Catherin R. Glenn, Evan M.Kleiman and Raksha Kandlur (2021) conducted a research on the Thwarted belongingness mediates interpersonal stress and suicidal thoughts, an intensively longitudinal study with high risk adolescence. This longitudinal study designed to examine thwarted belongingness with family and friends as potential mechanisms linking to potential mechanisms linking interpersonal negative life events to suicidal thoughts. The result of the study indicates that there is a significant direct effect between interpersonal negative life events, family thwarted belongingness and suicidal thoughts. The findings of the study suggest that negative events may causes suicidal risk by reducing the family belongingness.

Research Gap

Despite the importance of understanding the relationship between thwarted belongingness and family pathology, there are still several research gaps that need to be addressed. One major research gap is the limited focus on how gender differences can influence this relationship. As men and women may have different experiences of belongingness and family dynamics, exploring these gender differences can help to better understand the impact of thwarted belongingness and family pathology. The relationship between thwarted belongingness and family pathology is a critical area of study and the present study will provide a more comprehensive understanding of these topics.

Chapter 3

Methodology

This chapter deals with the methods followed by the researcher to conduct the inquiry. The method that has been adopted in this research was carefully designed as to go well with the inquiry. The methodology described below will give a detailed description about the mode of enquiry.

Aim

To study the relationship between Thwarted belongingness and Family Pathology among Men and Women.

Objectives

The main objectives of the study are:

- To find the relationship between Thwarted belongingness and Family Pathology among Men and Women.
- To find if there is any difference in the level of Thwarted belongingness and Family Pathology among Men and Women.

Hypotheses

H1. There is a significant relationship between the Thwarted belongingness and family pathology.

H2. There is a significant difference in Family pathology among married men and women.

H3. There is a significant difference in Thwarted belongingness among married men and women.

Research Design

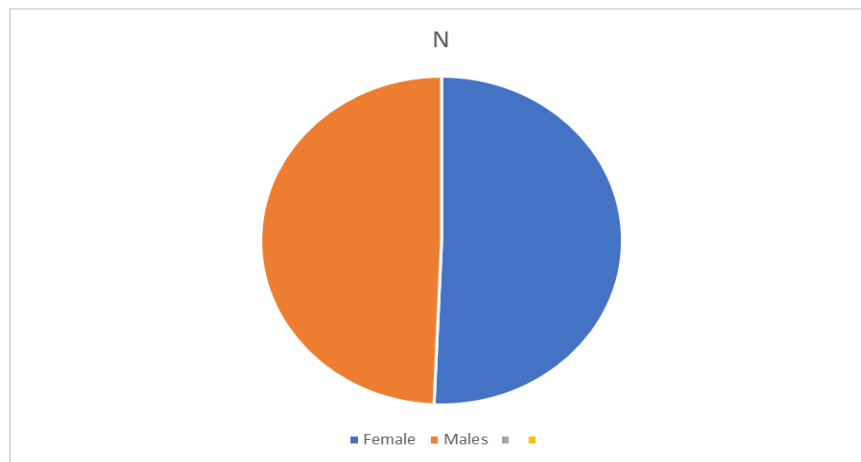
Correlational research design is used to meet the objectives of this study.

Sample and Sampling

The study is conducted among husbands and wives. A total of 300 participants were selected for the study (148 husbands and 152 wives). Purposive sampling method is used to select the participants.

Figure 1

Distribution of participants based on gender



The above figure shows the number of males and females included in the study. The study consists of 152 female participants and 148 male participants.

Inclusion Criteria

- Married couples having Children.
- Participants who can read and understand English.

Exclusion Criteria

- Participants outside Kerala.
- Husbands and wives who are separated or divorced.

Ethical Considerations

1. Informed consent

The subject gave a brief idea about the questionnaire and the purpose for which it is administered.

2. Confidentiality of collected data

The data collected from the subject was kept confidential and used only for academic purposes.

3. No participant is under any pressure or obligation to take part in the study.

4. The subject has the freedom to quit from the study at any point of time.

5. Anonymity of individuals was ensured.

Tools

1. Socio-demographic data sheet

A socio-demographic sheet developed by the researcher is used to collect primary data. Socio demographic variables include name, age, gender, employment status, marital status, socio economic background and family structure.

2. Family Pathology Scale (F P S)- (Dr Vimala Veeraraghavan, Dr Archana Dogra)

The family pathology scale was developed by Vimala Veeraraghavan and Archana Dogra. The family pathology scale indicates the extent to maladaptive behaviour is present amongst the family members in their interaction with each other that is spouse and between parents and children. The scale consists of 42 items which has to be rated on a 3-point scale with 3 indicating 'most often', 2 indicating 'occasionally' and 1 indicating 'never'. Total score possible to obtain ranged between 42-126, with higher score indicating higher family pathology and lower score indicating the reverse.

3. Thwarted belongingness scale (TBS)- (Van orden et al.)

The Thwarted belongingness scale was developed by Van Orden et al. The scale aims to measure beliefs about the extent to which individuals believe their need to belong is met or unmet. There are 8 items in the scale to be responded with 'Not at all true for me', 'Somewhat true for me', 'True for me'. That indicates scoring as 1 for 'Not at all true for me', 4 indicates 'somewhat true for me' and 7 indicates 'True for me'. Total scores are calculated as the sum of the eight items.

Operational Definitions

1. Thwarted belongingness:

Thwarted belongingness is operationally defined as the sum of the scores obtained in Thwarted belongingness scale.

2. Family pathology:

Family pathology operationally defined as the sum of scores obtained on Family Pathology Scale. It indicates the extent to which maladaptive behavior is present among family members.

Data Collection

The participants were selected following the inclusion exclusion criteria through purposive sampling method. All participants were informed about the nature of the study and assurance was given that their responses to the questions will remain confidential. Informed consent was obtained from the participants. The participants were on a voluntary basis and did not receive any financial reward. Data was collected individually through Google forms.

Data Analysis

The demographic variables were analysed using frequency and percentage. Mean and standard deviation of variables is found. To test if there is a significant relationship between

Thwarted Belongingness and Family Pathology, Spearman's Rank Correlation Coefficient's correlation was used. To study the difference in the level of Thwarted Belongingness and Family Pathology among Men and Women, Mann Whitney U test was used. To test the reliability of the tools among the samples Cronbach's α was used. In order to check the normality Shapiro-Wilk test is done.

Reliability Analysis

Table 1

Reliability of the tools obtained on the entire sample.

Tools	N	Cronbach's α
Family Pathology Scale	42	.861
Thwarted belongingness scale	8	.692

The above table shows the reliability of the tools for the present study. The variable family pathology shows moderate level of reliability since Cronbach's is .861. The variable thwarted belongingness shows a high level of reliability since Cronbach's is .692.

Normality Analysis

Table 2

Summary of Shapiro-Wilk test of Normality test of Family Pathology and Thwarted Belongingness among Men and Women.

Variable	K	df	Sig.
Family Pathology	.935	300	.001
Thwarted belongingness	.892	300	.001

The Shapiro-Wilk test of Normality test of Family Pathology and Thwarted Belongingness shows that the variables are not normally distributed in the sample ($p < .05$).

Chapter 4

Result and Discussion

In this chapter, the results of the study obtained are presented and discussed with reference to the aim and objectives of the study. The aims to understand the relationship between Thwarted belongingness and Family Pathology among Men and Women.

Table 3

Mean and standard deviation of Family pathology and Thwarted belongingness in Women.

Variables	n	M	SD
Family pathology	152	91.6	11.8
Thwarted belongingness	152	15.5	5.71

The above table shows the mean and standard deviation of Thwarted belongingness and Family pathology in females. For Family Pathology scale, the maximum score is 126. The mean score obtained by female participants are 91.6, which indicate moderate pathology. The possible maximum score for Thwarted belongingness is 56, and the mean score obtained by female participants is 15.5 indicating low thwarted belongingness.

Table 4

Mean and standard deviation of Family pathology and Thwarted belongingness in Men.

Variables	n	M	SD
Family pathology	148	88.2	88.2
Thwarted belongingness	148	14.7	5.91

The above table shows the mean and standard deviation of Thwarted belongingness and Family pathology in males. For Family Pathology scale, the maximum score is 126. The mean score obtained by male participants is 88.6, which indicate moderate pathology. The possible maximum score for Thwarted belongingness is 56, and the mean score obtained by female participants is 14.7 indicating low thwarted belongingness.

Hypothesis testing:

Hypothesis 1. There is a significant relationship between the Thwarted belongingness and Family pathology.

Table 5

Summary of Spearman's Rank Correlation of Thwarted belongingness and Family pathology.

Variable	Group	Thwarted belongingness
Family pathology	Women	-0.43
	Men	-0.92

The above table shows the relationship between Thwarted belongingness and Family pathology between male and female participants. There exists a strong negative relationship between Thwarted belongingness and Family pathology among men, and a moderate relationship between Thwarted belongingness and Family pathology among women. The result suggests that there is no significant relationship between Thwarted belongingness and Family pathology among men and women. Hence the hypothesis, there is a significant relationship between the Thwarted belongingness and family pathology, is rejected.

Hypothesis 2. There is a significant difference in Family pathology among married men and women.

Table 6

Summary of Mann-Whitney U test comparing Family Pathology among Men and Women.

Variables	Group	n	Mean rank	U	Z	Sig
Family	Women	152	165.95	8888.990	-3.128	.002
Pathology	Men	148	134.63			

The above table shows the mean difference in Family pathology among females and males. The result indicates that there exists a significant difference in family pathology among males and females, with females showing higher Family pathology compared to males ($p=.002$, $p<0.05$). Hence the hypothesis, There is a significant difference in family pathology among married men and women with children, is accepted.

Hypothesis 3. There is a significant difference in Thwarted belongingness among married men and women.

Table 7

Summary of Mann-Whitney U test comparing Thwarted belongingness among Men and Women

Variables	Group	n	Mean rank	U	Z	Sig
Thwarted belongingness	Women	152	158.74.6	9995.000	-1.673	.095
	Men	148	142.03			

The above table shows the mean difference in Thwarted belongingness among females and males. The result indicates that there is no significant difference in Thwarted belongingness among males and females, with females showing higher Thwarted belongingness compared to males ($p=.095$, $p>0.05$). Hence the hypothesis, There is a significant difference in family pathology among married men and women with children, is rejected.

Discussion

The present study aims to investigate the relationship between the Thwarted Belongingness and Family Pathology among males and females.

The result demonstrates that there is no significant relationship between Thwarted Belongingness and Family Pathology among males and females. According to a previous study conducted by Catherin R. Glenn, Evan M.Kleiman and Raksha Kandlur (2021) reveals that negative events may cause suicidal risk by reducing the family belongingness. In the

current study, belongingness and family pathology were negatively correlated, possibly due to protective factors. Lack of connectedness is the primary factor of thwarted belongingness, which can lead to social isolation, loneliness, and feelings of worthlessness. Nevertheless, factors such as having children, education, employment, and coping ability act as protective factors of thwarted belongingness. One such protective factor is the bond between a child and parents. Parents create a strong relationship with the child since their birth, which leads to forming a connection and closeness with their child. This creates a sense of a sense of belongingness. Additionally, the majority of participants were highly educated and employed, making them resilient and better at coping with negative life events. This was supported by Fang-hua Jang's study on the topic of negative life events and life satisfaction. The findings of the study revealed that controllable life events were associated with life satisfaction and it also strengthened the quality of family relationships.

Family pathology is defined as the extent to which maladaptive behavior is present amongst the family members in their interaction with each other that is in between spouses and between parents and children. The study also found significant gender differences in family pathology, with females more affected than males due to their dependency on men and lower education and employment. Moreover, females had higher thwarted belongingness, indicating a lack of connectedness with others. Lack of connection leads to thwarted belongingness, which is highly affected by negative life events. Therefore, coping with those situations and having a high connection with others is crucial in emphasizing a sense of belongingness. Thwarted belongingness is a factor for family pathology. Thwarted belongingness refers to the mental suffering that occurs as a result of a lack of connectedness with others. The findings are supported by a previous study conducted by Tara Donler, Philip J Batterham and Helen Christensen (2014) on the gender difference in risk factors for suicidal behaviour identified by perceived burdensomeness, thwarted belongingness and

acquired capability for suicide. It was found that thwarted belongingness was higher in women when compared to men. Research has shown that a lack of connectedness with others can lead to family pathology. However, in the current study, it was found that belongingness and family pathology were negatively correlated. This is likely due to the protective factors of thwarted belongingness, such as having a strong bond with children, education, employment, and coping ability. The study also found that females had more thwarted belongingness and were more affected by family pathology, likely due to their lower levels of education and employment and greater dependency on men. The negative relationship between thwarted belongingness and family pathology highlights the importance of fostering connectedness and belongingness within families to promote positive familial interactions and mental well-being.

Chapter 5

Conclusion

The aim of the present study is to investigate the relationship between thwarted belongingness and family pathology among men and women. The chapter summarises the findings, implications, and limitations of the current study.

Findings

1. There is no significant relationship between Thwarted belongingness and Family Pathology among Men and Women.
2. There exists a negative relationship between Thwarted belongingness and Family Pathology among Men and Women.
3. There is a significant difference in Family pathology among Males and Females.
4. Family Pathology is found higher in Females when compared to Males.
5. There is no significant difference between Thwarted belongingness among Males and Females.
6. Thwarted belongingness is found higher in Females when compared to Males.

Implications

The current study on family pathology and thwarted belongingness have important implications for various aspects of society, including mental health, social relationships, and family dynamics. The study highlights the need for effective interventions and prevention strategies to address the negative impact of family pathology and thwarted belongingness. The study will help professionals working in the field of mental health and social work in providing support and resources for families to improve communication and strengthen relationships, promoting mental health awareness and resources to reduce the risk of negative outcomes, and addressing social factors that contribute to feelings of isolation and

disconnection. The findings of the study will help family counsellors to develop effective interventions and treatments for individuals and couples who are struggling with relationship problems. It can also help prevent the development of mental health disorders that can arise from dysfunctional family dynamics.

The study recognizes the importance of family relationships and social connectedness in promoting overall well-being. By prioritizing healthy family dynamics and social connectedness, individuals may be better equipped to cope with negative life events and reduce their risk of developing mental health issues. The investigation into understanding gender differences in family pathology and thwarted belongingness will help develop targeted interventions for individuals who are at higher risk based on their gender, and in promoting gender equality.

Limitations

The present study has several limitations that should be noted. One limitation is lack of diversity within the sample. Samples are only collected from Kerala. Thus, future studies must re-evaluate the current study's hypotheses with a more diverse sample of individuals outside the Kerala.

A second limitation is that the data was collected using self-report surveys, which are susceptible to the effects of biased responses, social desirability concerns, and demand characteristics. In the future, it may be important to incorporate more behavioural or observational measures of the study variables.

Third limitation is the number of sample sizes. Collection of data from more participants will enhance the quality of the research.

Fourth limitation is the use of online data collection. Specifically, participants tended to mark responses without concentrating the items in the scale. This may increase the bias in the result.

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Appendix A

Informed consent

Dear Participant

I am Swathy. K, pursuing my Master's in Psychology from St. Teresa's college, Ernamkulam. As part of my final year dissertation, I am conducting a research survey on the topic 'Family pathology and Thwarted belongingness among married men and women with children.' I would greatly appreciate it if you could take some time out to fill in the questionnaire which will take no more than 10 minutes. I kindly request you complete the following survey. Please read the questions carefully and mark your response honestly.

Thankyou

Swathy K

Contact: Swathyavinash27@gmail.com

Informed Consent: I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

- Agree
- Disagree

Appendix B

Socio demographic details

Name:

Age:

Gender:

- Male
- Female

Employment status

- Employed
- Unemployed
- Homemaker
- Student

Marital status

- Married
- Unmarried

Do you have children?

- Yes
- No

Socio economic background

- High
- Middle
- low

Family structure

- Nuclear
- Joint

Appendix C

Family Pathology

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

6. I spend hours together on prayers and insist that others should also do the same.
 - Most often
 - Occasionally
 - Never
7. I have to spend hours together in wiping, cleaning and dusting.
 - Most often
 - Occasionally
 - Never
8. I have to wash everything because I feel my family members have defiled the things since they did not wash themselves.
 - Most often
 - Occasionally
 - Never
9. I sometimes feel that I spend all my time on all these activities and have no time to rest
 - Most often
 - Occasionally
 - Never
10. I keep testing every now and then whether the children love me or not
 - Most often
 - Occasionally
 - Never
11. I always want the children to come to me and demonstrate their affection
 - Most often
 - Occasionally

- Never

12. I get panickily when they (children) show more affection towards an outsider test they get attracted towards them

- Most often
- Occasionally
- Never

13. I get angry when the children spend more time with my spouse than me

- Most often
- Occasionally
- Never

14. I like to see my children spend more time with my spouse than me

- Most often
- Occasionally
- Never

15. I never send them to the relatives or friends house even for a few hours.

- Most often
- Occasionally
- Never

16. I feel very nervous when the child express a wish to go away from home

- Most often
- Occasionally
- Never

17. I keep telling my child he should do things as I say

- Most often
- Occasionally

- Never

18. I keep rewarding my child for everything but still I find he/she is not attached to me

- Most often
- Occasionally
- Never

19. Over the years my rewarding techniques have become more and more expensive for me

- Most often
- Occasionally
- Never

20. I get hurt when the child disobeys me

- Most often
- Occasionally
- Never

21. Whenever I get angry or frustrated, I punish the child

- Most often
- Occasionally
- Never

22. I feel so disturbed by the children that I lock them in in the room for at least 3-4 hours a day.

- Most often
- Occasionally
- Never

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

- Most often
- Occasionally
- Never

24. I keep apologizing to the child whenever I think he's angry with me

- Most often
- Occasionally
- Never

25. I am constantly in tension that my family members may mistake me

- Most often
- Occasionally
- Never

26. I keep trying to please everyone in the family and in the process find I have no time for my self

- Most often
- Occasionally
- Never

27. I feel very happy that my family is totally dependent one

- Most often
- Occasionally
- Never

28. If any family member talks well of any other family member I get completely put off

- Most often
- Occasionally
- Never

29. I want everyone in the family to reassure me that I am on the right path

- Most often
- Occasionally
- Never

30. I insist on every one to be perfect

- Most often
- Occasionally
- Never

31. I just cannot tolerate even a small deflection from perfections

- Most often
- Occasionally
- Never

32. I get easily put off when the child obeys others and not me

- Most often
- Occasionally
- Never

33. If the child does not return from on school on time , I get panicky

- Most often
- Occasionally
- Never

34. I insist on accompanying my child to every one place he/she goes to despite his/her protest

- Most often
- Occasionally
- Never

35. The moment the child leaves home, I start visualizing and imaging that some bad incident has occurred and get totally panicky .

- Most often
- Occasionally
- Never

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.

- Most often
- Occasionally
- Never

37. I can never let my child go to a hostel

- Most often
- Occasionally
- Never

38. When the child misses his food even a little bit, I get very worried.

- Most often
- Occasionally
- Never

39. I sometimes try to win the child by crying

- Most often
- Occasionally
- Never

40. I keep telling the child how great I am, how graceful he should be towards me for all I have done.

- Most often
- Occasionally
- Never

41. I insist on proper loving behaviour on the part of the child for all I have done for him

- Most often
- Occasionally
- Never

42. I insist on proper loving behaviour on the part of the child for all I have done for him.

- Most often
- Occasionally
- Never

Appendix D

Thwarted Belongingness Scale

1. I feel isolated

- 1 Not at all me
- 2
- 3
- 4 Some what true for me
- 5
- 6
- 7 True for me

2. I don't matter to other people

- 1 Not at all me
- 2
- 3
- 4 Some what true for me
- 5
- 6
- 7 True for me

3. Nobody cares about me.

- 1 Not at all me
- 2
- 3
- 4 Some what true for me
- 5
- 6

- 7 True for me

4. I feel there is no one I can talk to

- 1 Not at all me
- 2
- 3
- 4 Some what true for me
- 5
- 6
- 7 True for me

5. I don't fit in.

- 1 Not at all me
- 2
- 3
- 4 Some what true for me
- 5
- 6
- 7 True for me

6. I don't play an important role in other people's lives.

- 1 Not at all me
- 2
- 3
- 4 Some what true for me
- 5
- 6
- 7 True for me

7. I am not close to anyone

- 1 Not at all me
- 2
- 3
- 4 Some what true for me
- 5
- 6
- 7 True for me

8. I am alone in this world

- 1 Not at all me
- 2
- 3
- 4 Some what true for me
- 5
- 6
- 7 True for me