

Development of Interpersonal Difficulties Scale for University Students

Sadia Saleem, Zubia Ihsan, and Zahid Mahmood

University of Management and Technology

The current research explored the patterns of interpersonal difficulties among university students in Pakistani cultural context. In the first phase, 40 university students were interviewed individually to generate item pool of 69 interpersonal difficulties as experienced by them. After excluding duplication and repetition, the list of 61 items was piloted on 30 university students as a self-report measure of 5-point rating scale (Interpersonal Difficulties Scale). Finally, a stratified sample of 448 university students (49% men and 51% women) were given the final list of 61 items, Student Problem Checklist (Mahmood & Saleem, 2011), and a demographic form. Principal Component factor analysis yielded a six factor solution namely Dominated by Others, Low Self-confidence, Mistrust, Lack of Assertiveness, Lack of Boundaries, and Instability in Relationships. The scale found to have high internal consistency, convergent validity, and test-retest reliability. The results are discussed in terms of the implications of interpersonal difficulties for student counseling services.

Keywords. Interpersonal difficulties, university students, counseling, reliability

The bio-psycho-social model explains human being as having a complex interaction of biological predispositions, psychological factors, and social relations (Engel, 1980). As the individual grows, psychosocial needs becomes more prominent and pressing, therefore, with the passage of time, more focus is given in psychology to understand an individual's interaction with the family, significant others, and the social world at large, particularly from adolescence onwards. Human being has an innate need to socialize, belongingness, and building close bond with others for his survival (Bowlby, 1973). Many human capacities, e.g., learning a language; rational thinking;

Sadia Saleem, Zubia Ihsan, and Zahid Mahmood, Department of Clinical Psychology, University of Management and Technology, Lahore, Pakistan.

Correspondence concerning this article should be addressed to Sadia Saleem, Department of Clinical Psychology, University of Management and Technology, C-II Johar Town, Lahore Pakistan. E-mail: dr.sadiasaleem@yahoo.com

play and work; helping and cooperate with others are only developed while interacting with others. As the human-being grows, his social world also expands and his social relationship becomes more intense, varied, and complex; as a result, he may experience some interpersonal issues and difficulties. If a person does not learn appropriate social skills, this might affect his social relationships, social interaction, and even one's mental health. Interpersonal problems are among the most common presenting problems made by psychiatric patients in their initial interviews (e.g., Horowitz, 1979). Interpersonal problems are defined as recurrent difficulties in relating with other people (Horowitz, Rosenberg, & Bartholomew, 1993).

There are number of theories presented that attempt to explain the nature and causes of interpersonal difficulties, e.g., interpersonal model (Horney, 1945; Leary, 1957; Sullivan, 1953). Most of the interpersonal theorists focused on identifying the dynamics of interpersonal relationships that lead people to maladaptive relationships (Horowitz et al., 1993). Other theorists (e.g., Bowlby, 1973, 1988; Cassidy, 2008; Fonagy, Target, & Gergely, 2003; Grossmann, Grossmann, Winter, & Zimmermann, 2002) suggested that childhood internal working models influence the thought pattern, feelings, and relationship with others. Later, a circumplex model was introduced to explain the very nature of interpersonal difficulties (Horowitz, 2004). On the basis of this circumplex model, a measure for assessing interpersonal difficulties, Inventory of Interpersonal Problems (IIP; Horowitz, Alden, Wiggins, & Pincus, 2000) was also developed.

There are several approaches (see e.g., Andersen & Chen, 2002; Bowlby, 1973; Gutman, 1992; Horowitz, 2004) that describe the nature, types, and possible reasons of interpersonal difficulties people generally experience. However, the precise cause and manifestation of interpersonal problems could be due to age, stage, and the psychosocial and cultural context. There is ample evidence to suggest that interpersonal difficulties should be identified early for possible intervention and counseling. Therefore, in the present study, an empirical approach would be preferred to identify the patterns of interpersonal difficulties experienced by university student at large.

University life brings new experiences. The students may face new challenges and problems that demand new ways of adjusting and learning of new skills to initiate and maintain relationships (Al-Khatib, Awamleh, & Samawi, 2012; Bouteyre, Maurel, & Bernaud, 2007; Hwang, 2000). University students face numerous issues related to their academic, social, emotional, and financial life (e.g., Rodgers & Tennison, 2009; Verger, Guagliard, Gilbert, Rouillon, & Kovess-

Masfety, 2010). New autonomy from parents; increased personal and social freedom; and formation of new relationships may cause stress and adjustment problems for some individuals (Parker, Summerfeldt, Hogan, & Majeski, 2004). Failure in adjustment may put students at greater risk of developing different mental health problems (Eisenberg, Gollust, Golberstein, & Heffner, 2007; Khawaja, Santos, Habibi, & Smith, 2013) and interpersonal and relationship problems (Lange & Couch, 2011).

Interpersonal problems may have a great deal of influence on individual's social and emotional functioning and become a risk factor for developing serious mental health problems (Carter, Kelly, & Norwood, 2012), e.g., social withdrawal and isolation (Davila & Beck, 2002), depression (e.g., Daley, Rizzo, & Gunderson, 2006; Eberhart & Hammen 2006; Katz, Conway, Hammen, Brennan, & Najman, 2011), increased experience of occupational stress, lower job satisfaction (Falkum & Vaglum, 2006), and self-injurious behaviors among female adolescents (see e.g., Adrian, Zeman, Erdley, Lisa, & Sim, 2011). Keeping in view the long lasting influence of interpersonal problems, it is, therefore, very important to study different patterns of interpersonal difficulties among university students. Moreover, studies also indicate significant gender difference in interpersonal difficulties (e.g., Gurtman & Lee, 2009; Lee, Harkless, Sheridan, Winakur, & Fowers, 2013). Literature revealed that women tend to experience more interpersonal difficulties than men (Mueller, Degen, Petitjean, Wiesbeck, & Walter, 2009).

Very few systematic attempts have been made to assess the interpersonal problems, as one such measure based on the circumplex model was IIP (Horowitz, 1979). The item pool of 127 items was based on the presenting problems of out-patients from the ages 21-55 years. The psychometric properties were further established (Horowitz, Rosenberg, Baer, Ureño, & Villaseñor, 1988). IIP has been widely used to measure the outcome of psychotherapy (Ruiz et al., 2004; Vittengl, Clark, & Jarrett, 2004). Another variation of IIP is the IIP-Circumplex (Alden, Wiggins, & Pincus, 1990) with 32 items. One of the limiting factors of this measure is that it is based on the expression of clinical sample, but not specific of general population. Another self-report measure to assess interpersonal difficulties among adolescents is Questionnaire about Interpersonal Difficulties for Adolescents (Ingles, Hildago, & Mendez, 2005) to assess five different types of interpersonal difficulties namely Assertiveness, Heterosexual Relationships, Public Speaking, Family Relationships, and Close Friendships. Although, these scales are found to have acceptable level of psychometric properties, yet cross-cultural

applications of these measures could be questioned. For example, if we look at the factor content of IIP-32 (Horowitz et al., 2000), it is more to do with the clinical rather pathological expression of interpersonal difficulties with a wide range of age i.e., 21-55 years. Secondly, the factor Heterosexual Relationship has a limited cross-cultural application as there might be reluctance in accepting and expressing problems related to opposite sex. Moreover, these problems are not related to age and stage under consideration such as university students.

Culture plays a vital role in shaping and maintaining human behaviors (Delgado, Updegraff, Roosa, & Umana-Taylor, 2011; Matsumoto, 2000). It is now well established that culture defines the norms, value system, customs, expectations, and ways of interaction with other people (Berscheid, 1995). Culture plays an influential role in the social growth and adaption of a civilized society by providing a transmission of ideas, values, and belief system from generation to generation (Marsella, 1988).

The cross-cultural variation of experience and expression of psychological phenomena has led towards an in-depth study of individualistic and collectivist cultures and their influence on human behavior (Thakker & Ward, 1998). Individualistic culture emphasize more on individual's growth, self-actualization, individual's preferences and choices that are given value over group (Phinney, Ong, & Madden, 2000). Collectivistic culture, on the other hand, focuses more on the group harmony and cohesion and conformity to culturally recommended roles is preferred (Hui & Triandis, 1986; Triandis, 1993). These cultural differences also influence one's definition of the self and relationships with others (Wang & Ollendick, 2001). In individualistic cultures, an individual's interpersonal relationship is based more on self-reliance, dominance, equality, and having one's own goals in life with clearer boundaries. Therefore, the individual has to learn new skills like making choices, taking decision, and dealing with people more effectively. In the collectivistic culture, on the other hand, an individual experiences social support, interdependence, and a sense of belongingness at the expense of lacking boundary in relation to others and losing some of individual freedom (Schwartz, 1990; Triandis, 2001). These differences in individualistic and collectivistic cultures in relating with others around them are not just semantic, but also reflect profound tendencies to develop different interpersonal styles.

So far, we have looked at the Western picture related to interpersonal problems. However, Pakistan is a traditional and collectivistic culture where childhood is prolonged and parents by and

large exert control and dominance over all aspects of child's life even beyond adulthood with the emphasis to follow family traditions. Such practices, generally, control all intra- and extra-familial relationships. Individual boundaries are rather pliable and can be easily prevailed upon by social norms. Elders have sway over younger members of the family and younger members are supposed to obey elders, follow and conform to their expectations rather than experience and experiment in different ways (Stewart et al., 1999). Such practices are even more strictly applied to girls than boys. These communal pressures and dominance may prevent children from developing confidence in their skills and abilities to deal with people, especially, outside the family.

As far as the Pakistan is concerned, no research was found in which interpersonal difficulties were measured. Interpersonal difficulties are such a complex phenomena that have a long last impact on the growth and development of an individual that also highlights the importance of this topic to be undertaken in research. We have also noticed that culture shapes and determines our way of relating with other people. The clash between interests of the individual and the group is universal at the bio-psycho-social levels, where, the group exerts influence to control and regulate the behavior of the individual; the individual strives for developing the growth of the self and its uniqueness. Therefore, it would be interesting to study interpersonal problems among university students in the traditional Pakistani cultural context where compliance, conformity, obedience, and interdependence are preferred traits (Chao, 1994). As mentioned earlier, there is a dearth of local literature on interpersonal difficulties and also keeping in mind the cultural influence of the experience and expression of psychological phenomena, there is a need of developing a valid and reliable scale for interpersonal problems for university students. Once the pattern of interpersonal problems is identified, it would further help in student counseling services to provide need based interventions and skills required to overcome relational problems. The current research would aim to firstly, explore the pattern of interpersonal difficulties reported by the university students. Secondly, develop a valid and reliable scale for measuring different patterns of interpersonal problems in university students.

Method

Phase I: Items Generation

In order to explore the different patterns and expression of interpersonal difficulties as experienced by university students, a phenomenological approach was used. For this purpose, 40 university

students of BS Hon (10 from BS1, BS2, BS3, and BS4; 20 male and 20 female) with the age range of 18-24 years ($M = 20.59$, $SD = 1.71$) were selected through purposive sampling and were given an operational definition of interpersonal difficulties “As a university student, what kind of problems and difficulties you face and experience while relating with other people in your surroundings”. Individual interviews were carried out and further open-ended questions were asked for clear difficulties. At the end, based on these open-ended interviews, all items were collated by using content analysis and initially a list of 69 items was developed. After excluding repetitions, ambiguous, and slang statements, a list of 61 items was finalized (Interpersonal Difficulties Scale [IDS]) for further psychometric analysis.

Phase II: Try out

Try out phase was aimed to determine the reader friendly comprehension level of the items, instructions, and layout of the measure. Thirty university students (15 boys and 15 girls from BS Hons Year I) selected through purposive sampling technique were given IDS. It took 15 minutes to complete the scale. No difficulties were reported in terms of comprehension of items and the layout of the scale.

Phase III: Main Study

The main study was aimed to determine the psychometric properties of the IDS.

Participants. The sample ($N = 448$) of the main study was selected from private and public sector universities of Lahore. The sample was divided into main strata according to gender and further sub-divided according to the educational level of the participants i.e., four years of BS Hons. (Under-graduation) including 118 (26%) from (BS-I), 114 (25%) from BS-II and BS-III each, and 103 (24%) from BS-IV with almost an equal proportion of gender including 223 (49%) male participants and 225 (51%) female participants selected from two public (236 [53%]) and two private (212 [47%]) sector universities. The age range of the participants was 18-24 years with the mean age of 20.41 ($SD = 1.52$).

Measures.

Demographic Performa. It comprised of basic information of the participants including age, gender, university type (Public or Private), and educational level.

Interpersonal Difficulties Scale (IDS). The newly developed IDS was used for measuring interpersonal difficulties among university students. IDS comprised 61 difficulties as experienced and expressed by university students. The instructions for IDS were “Following is a list of difficulties which people of your age experience while interacting with others; read each item carefully and rate the items to the extent in which you experience these difficulties while relating with other people”. The scoring options included (0) *not at all*, (1) *rarely*, (2), *sometimes*, (3) *often*, (4) *always*. High score represented more interpersonal difficulties an individual experienced.

Student Problem Checklist (SPCL). Mahmood and Saleem (2011) developed SPCL. In present study, it was used to establish the convergent validity of IDS. It was a self-report measure for assessing psychological problems of university students. This scale comprised 45 items measuring four different types of problems namely Sense of Being Dysfunctional, Loss of Confidence, Lack of Self-regulation, and Anxiety Proneness. The response options for this scale are: *not at all* (0), *rarely* (1), *to some extent* (2), *very much* (3). High score on this scale reflected high psychological problems. The SPCL was found to have sound psychometric properties (for more details see Mahmood & Saleem, 2011).

Procedure. First of all, the brief aims and objectives were sent to the concerned authorities of the 2 public and 2 private sector universities. After obtaining official permission, the participants were randomly selected for group testing averaging 20 participants in each group. The participants who agreed to participate were assured about the confidentiality, anonymity, and the privacy. They were assured that all the information would be collected for research purposes and they were also given the right to withdraw from the testing at any time. All the participants were given the final research protocol comprising demographic sheet, IDS, and SPCL. The average testing time was 35 minute. Around 20% ($n = 90$) of the agreed participants were retested with one week's interval for test-retest reliability of IDS. Lastly, a debriefing session was conducted at the end of each testing session. All the 448 participants completed the information, therefore, no testing protocol was discarded. After data collection, SPSS 18 Version was used for data analysis.

Results

This section describes the factorial structure, reliability, and validity of the IDS.

Item Analysis

Item analysis was also carried out with computation of item-total correlation on 61 items of IDS; 59 items showed significant item-total correlation. The Table 1 shows high inter-item correlation. Those items that had values less than .20 were not retained and by keeping in view these values, the items were being selected in their respective factors. The factor loadings of 59 selected items on six factors with item-total correlations are given in Table 1. The Kaiser-Meyer-Olkin (KMO) value was found to be .91 and Bartlett test was 6.08 ($p < .001$).

Table 1

Factor Structure, Eigen Values and Item Correlation of 59 Items of Interpersonal Difficulties Scale with Varimax Rotation (N = 448)

S. No	Item No	FI	FII	FIII	FIV	FV	FVI	r
1.	4	.48	.28	-.04	.18	.07	-.24	.39*
2.	5	.33	.08	.09	.25	.21	.11	.26*
3.	6	.32	.09	.04	.19	.12	.24	.23*
4.	9	.32	.08	-.14	.11	.20	.06	.27*
5.	19	.55	-.15	.10	.24	.01	.20	.44*
6.	21	.36	.19	-.04	-.07	.02	.09	.22*
7.	23	.46	.19	.16	-.02	.23	-.11	.33*
8.	24	.44	.23	.19	-.14	.18	.19	.36*
9.	31	.66	.15	.09	.21	.05	.17	.47*
10.	37	.37	-.01	.11	.04	-.03	-.01	.23*
11.	39	.54	-.04	.21	.04	.28	.17	.44*
12.	49	.38	.21	.02	.12	.10	.28	.29*
13.	51	.56	.16	.12	-.14	.19	.07	.42*
14.	2	-.05	.40	-.01	.18	.07	-.04	.20*
15.	3	.06	.37	.14	.04	.17	-.21	.24*
16.	7	.21	.32	.20	.12	.19	.10	.23*
17.	20	.34	.40	-.04	.19	-.09	.20	.39*
18.	25	.19	.55	.09	.25	-.08	.01	.41*
19.	28	.29	.39	.09	.11	.09	-.08	.36*
20.	41	.15	.54	.14	.04	-.15	.12	.37*
21.	42	.16	.56	.19	-.04	-.08	.17	.42*
22.	53	-.07	.32	.22	-.19	.21	.26	.27*
23.	56	.16	.33	.18	.11	.07	-.22	.24*
24.	57	.09	.54	.16	.09	.16	.03	.37*
25.	8	-.02	.01	.45	.06	-.19	-.08	.22*
26.	33	.22	.04	.40	-.18	-.04	.26	.31*
27.	36	.14	.29	.39	.18	.23	.11	.29*
28.	40	.10	.22	.37	.04	.23	.12	.27*

Continued...

S. No.	Item No.	FI	FII	FIII	FIV	FV	FVI	<i>r</i>
29.	45	-.07	.28	.31	.26	-.11	.06	.33*
30.	47	.03	.09	.46	-.08	.08	.12	.46*
31.	48	.24	.21	.34	.19	.17	.22	.21*
32.	50	.13	.01	.38	-.03	.19	.06	.31*
33.	52	.27	-.03	.38	.13	.09	.11	.32*
34.	54	.10	.26	.44	-.17	.05	.22	.35*
35.	58	.09	.12	.57	.15	.11	.03	.37*
36.	59	.14	.25	.40	-.03	.21	-.13	.45*
37.	13	.15	.26	.15	.41	-.02	-.24	.35*
38.	15	-.08	.04	-.03	.69	.18	.03	.52*
39.	17	-.02	.17	.26	.51	-.03	-.07	.51*
40.	22	.22	.07	-.18	.43	.08	.03	.28*
41.	26	.06	.13	-.04	.57	.20	.02	.35*
42.	27	.01	.36	.29	.56	-.07	.01	.53*
43.	29	.23	.15	-.12	.36	.14	.09	.31*
44.	35	.28	-.15	.06	.41	-.03	.26	.33*
45.	1	-.12	.27	-.25	-.05	.31	.07	.32*
46.	10	.24	-.07	-.09	.02	.32	.05	.29*
47.	14	.15	.14	-.28	.23	.34	-.01	.36*
48.	38	.08	.06	.02	.09	.54	.10	.33*
49.	44	.09	.09	-.06	.16	.33	.12	.32*
50.	55	.18	.10	.17	.15	.51	.26	.39*
51.	60	.11	-.07	.22	.13	.58	-.01	.42*
52.	61	.12	-.02	.15	-.00	.57	-.00	.36*
53.	11	.03	-.06	.06	.08	.19	.55	.36*
54.	12	-.08	.27	.28	.12	-.19	.39	.34*
55.	16	.12	.11	.18	-.04	.13	.57	.41*
56.	18	.12	.02	-.04	.10	.11	.45	.25*
57.	30	.05	-.09	.05	.01	-.05	.30	.21*
58.	32	.21	.14	.06	-.11	.19	.53	.40*
59.	34	.11	.21	.19	.09	.23	.43	.33*
Eigen Values		5.87	5.80s	5.84	5.31	3.88	5.68	
% Variance		6.17	6.01	6.14	5.58	4.08	5.96	
Cumulative %		6.17	12.27	18.41	23.99	28.06	34.03	

Note. Items with .30 or above loading are boldfaced in the corresponding factor.
**p* < .01.

The criteria for retaining items in a factor was .30 or above (Kline, 1993) and the items that had been falling within this range was retained in that particular factor. In order to get a best fit model 7, 6, 5, and 4 factor solutions were also tried. The six factor solution was found to be best fit with minimum dubious items and clear factor structure. Those items that had less than .30 factor loading were excluded. Also for items with dubious loading, the content of the item was considered for the appropriateness of the retention in a particular factor.

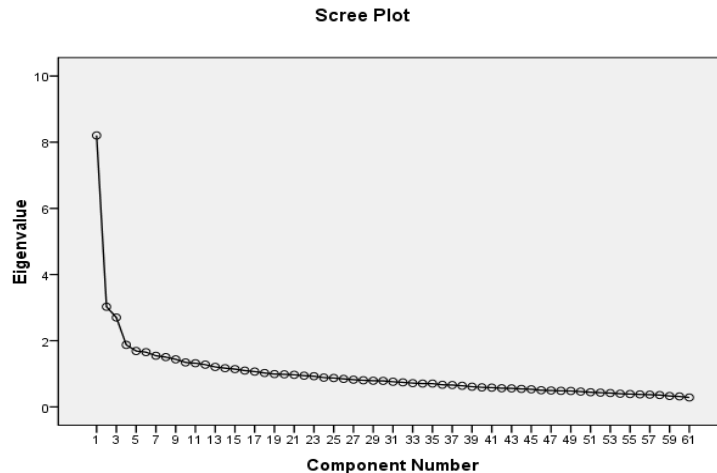


Figure 1. Scree plot showing extraction of factors of Interpersonal Difficulties Scale.

The scree plot is showing Eigen values and number of factors that could be retained. The scree plot has helped in determining the number of factors. Kaiser-Guttman's retention criterion of Eigen values (Kaiser, 1974) revealed six factors whose Eigen value is greater than 1.

Factors Description

On the basis close examination of the items corresponding to each factor and the theme, each factor was assigned a label on the basis of the commonality of the themes emerged by the researchers.

Factor 1: Dominated by Others. The first factor of the scale consists of 13 items. A high score on this subscale refers to a tendency to be passive, timid, and shy in the presence of others. The sample items include, for example, others influence me; people exploit me; people interfere in my life; others don't respect me; people have their way with me; put down by others; and so on.

Factor 2: Low Self-confidence. The second factor of the IDS consists of 11 items. A high score in this subscale denotes to a feeling of inferiority, worthlessness, and low self-esteem in the presence of others. The sample items include, looking up to others; feel inferior; unable to relate to others; unable to convince others; unable to

communicate with others; worrying about what other people think of me; and so on.

Factor 3: Mistrust. The third factor of the scale consists of 12 items and denotes to a lack of trust and lack of understanding with other people. The sample items include, for example, can't fully trust anyone; can't feel safe with others; can't join others; can't be close to others; can't share feelings with others; and so on.

Factor 4: Lack of Assertiveness. The fourth factor of the IDS consists of 8 items denotes to a helplessness and inability to assert and prevent control and dominance by others. The sample items include unable to say no to people; can't express my anger; prefer others needs to my own; can't express my feelings; unable to stop unnecessary interference of others; feeling excessive worry about others; and so on.

Factor 5: Lack of Boundaries. The fifth factor of the scale comprising 8 items denotes to a lack of ability to maintain one's own boundary and privacy. The sample items include unable to handle others' frankness; feeling too much affection and sympathies with others; overly indulge in people; feeling too close to people very quickly; unable to keep distance from others; involving too much in others' matters; unable to keep distance from others; unable to maintain boundaries in friendships; and so on.

Factor 6: Unstable Relationships. The sixth factor of the scale comprised 7 items denotes to inability to form stable and sustained relationships with others and also inability to form close bonding with others. Examples are, difficulty in making friends; quick breakups; feeling easily angry with others; always in competition with others; and so on.

Psychometric Properties of IDS

In order to determine the psychometric properties of IDS, construct validity, convergent validity, split-half reliability, and test-retest reliability were computed.

Construct validity. The Table 2 indicates that IDS has a significant positive correlation with six factors. Also the Cronbach's Alpha ranges from .71 - .93 showing that scale is found to have high internal consistency.

Convergent validity. The convergent validity of IDS is established with SPCL (see Table 2). The correlation coefficient

($r = .66, p < .001$) between the total scores of both scales shows that university students scoring high on IDS also experience more psychological problems as measured on SPCL. In other words, participants who experience more interpersonal difficulties tend to experience more sense of dysfunctionality, have lower level of self-confidence, poor self-regulation, and anxiety proneness.

Table 2

Inter-correlations, Means, Standard Deviations, and Cronbach Alphas of IDS, Subscales, and SPCL (N = 448)

Factors	1	2	3	4	5	6	7	SPCL T
1. DO	-	.48	.46	.41	.39	.35	.81	.53
2. LSC	-	-	.47	.42	.28	.23	.74	.62
3. M	-	-	-	.31	.22	.41	.70	.45
4. LA	-	-	-	-	.32	.19	.66	.41
5. LB	-	-	-	-	-	.28	.54	.43
6. UR	-	-	-	-	-	-	.53	.25
7. IDS T	-	-	-	-	-	-	-	.66
<i>M</i>	16.99	15.54	15.77	17.46	13.31	9.02	88.05	53.77
<i>SD</i>	8.10	6.98	6.98	5.99	4.66	4.67	25.65	21.92
α	.81	.73	.79	.77	.71	.75	.87	.92

Note. SPCL T = Total of SPCL; DO = Dominance of Others; LSC = Low Self-Confidence; M = Mistrust; LA = Lack of Assertiveness; LB = Lack of Boundaries; UR = Unstable Relationships; IDS T = Total of IDS.

Correlation coefficients .19 to .22 are significant at $p < .05$. Correlation coefficients .23 to .31 are at $p < .01$. Correlation coefficients .35 to .81 are significant at $p < .001$.

Test-retest reliability. Test-retest reliability of IDS was established. For this, 20% ($n = 99$) of the main study participants were retested after the interval of one week. The results showed the test-retest reliability of IDS with $r = .83$ ($p < .001$) that indicated highly significant correlation among scores of two administrations of IDS.

Split-half reliability. The Odd-Even method was used to determine the split-half reliability of the IDS. The scale was divided into two halves, one comprising of all Odd 29 items (Form A) and other of all Even 30 items (Form B). The correlation between two forms was .79 ($p < .001$). The internal consistency of Form A was .78 and for Form B was .81.

Gender Differences on IDS

Table 3 shows that male and female university students are significantly different on Mistrust, Lack of Assertiveness, and on Unstable Relationship factors.

Table 3

Means, Standard Deviations, and t-values of Boys and Girls on Six Factors and Total Problems Score on IDS

Factors	Men (<i>n</i> = 223)	Women (<i>n</i> = 225)	<i>t</i> (446)	95% CI		Cohen's <i>d</i>
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)		<i>LL</i>	<i>UL</i>	
DO	17.04(7.93)	16.92(8.28)	.15	1.39	1.62	.12
LSC	14.91(6.30)	16.16(7.55)	1.87	2.53	.05	.18
M	16.54(6.73)	15.01(7.18)	2.32*	.26	2.82	.23
LA	16.28(5.71)	18.62(6.05)	4.20**	3.42	1.24	.41
LB	13.62(9.81)	13.01(8.23)	.45	.25	1.48	.16
UR	9.81(4.58)	8.23(4.74)	3.67**	.73	2.42	.35
IDS Total	88.15(25.29)	87.95(26.05)	.08	4.57	4.97	.10

Note. CI = Confidence Interval; LL = Lower Limit; UL = Upper Limit; DO = Dominance of Others; LSC = Low Self-Confidence; M = Mistrust; LA = Lack of Assertiveness; LB = Lack of Boundaries; UR = Unstable Relationships; IDS T = Total of IDS.

p* < .05. *p* = .001.

Men experience more mistrust and unstable relationship as compared to female participants. Female participants experience more lack of assertiveness as compared to male participants. Nonsignificant difference is found on Dominated by Others, Low Self-confidence, Lack of Boundaries, and on overall interpersonal difficulties. The value of Cohen's effect size ranges from .10 to .35 suggesting a moderate significance of mean difference of male and female participants (Table 3).

Discussion

Interpersonal difficulties have achieved a lot of importance in clinical and counseling psychology, particularly, when dealing with university students (Ravitz, Maunder, & McBride, 2008). Most classic theorists posit that such difficulties arise from early maladaptive behavior learned in childhood and re-enacted later in adolescence and

adulthood (Bowlby, 1973; Horney, 1945; Sullivan, 1953). A vast body of literature (Adrian et al., 2011; Carter et al., 2012) suggests that problems in interpersonal relationships may adversely affect mental health not only in terms of disorders as such, but also one's overall functioning, feelings of well-being, and personal happiness. However, recent theorists have suggested that in university years there are a number of other factors that may directly or indirectly contribute to interpersonal difficulties (Rodgers & Tennison, 2009). The university students face new challenges of forming and maintaining relationship at a level never experienced before (Parker et al., 2004). In university years, maturity and intimacy are regulated under new rules, acquisition of new skills to develop new self-identity, and new modes of bonding within the norms of the culture (Bouteyre et al., 2007). Problems in relationships are likely to emerge if the new rules are not learned. The manifestations of interpersonal difficulties are shaped not only by the age and stage, but by the cultural practices and expectations and the rules of behavior (Berscheid, 1995). Many cross-cultural researchers have also noticed a marked difference in the experience and expression of interpersonal relationships and problems associated with these relationships across collectivistic and individualistic cultures (Hui & Triandis, 1986; Phinney et al., 2000; Triandis, 1993, 2001).

In the current study, the common interpersonal problems as experienced by under-graduate university students were collected, collated, and transformed into a 5-point self-report scale (IDS). Factor analysis of 61 items revealed six factors namely; Dominance by Others, Low Self-confidence, Mistrust, Lack of Assertiveness, Lack of Boundaries, and Instability of Relationships. The factor structure of IDS is found to be different from previous measures (e.g. IIP-32; Horowitz et al., 2000). In IIP-32 and IDS, the common pattern of interpersonal difficulties is assertiveness. Other pattern in IIP-32 is more to do with the public image of individual like difficulties dealings with other gender and relationship with families. In IDS, on the other hand, the expression of interpersonal problems is more related with the lack of skills to deal with others in effective and efficient manner. It is also interesting to note that contrary to literature, family dimension was not found; this may be because of the ecological context in which study was carried out i.e., university. Since, in the current research, the focus was on identifying the interpersonal difficulties of university students, who interact with their age-mates more in the campus, therefore, difficulties related to family were not found. If we had taken the phenomenological exploration of general population or clinical population with wide age range with

different social and educational levels, the pattern of interpersonal difficulties would have been different.

Yet one of the most striking features of the patterns was the internalized nature of the problems. The biggest threat to autonomy and individuation is to lose these to the dominance and control by others. The fear appears to be even a bigger in a collectivistic culture where parents usually have the authority and control over the child's life, even beyond childhood. The emphasis is on obedience and conformity and one is expected to follow the line rather than explore and experiment. Strong and pervasive traditional values continue to exert influence in intra-familial relationships (Stewart et al., 1999; Wang & Leichtman, 2000). Individuality is not well defined; any freedom won outside the home consequently make the person feel rather precarious and guarded. As a consequence, individuality remains suppressed and emotional and social growth stunted. Adult relationship can arouse old fears of returning to childhood dependence, loss of freedom, and individuality. Low self-confidence and the lack of appropriate social skills make it difficult to trust and lower one's defenses.

Assertiveness would invite rejection from those who love and protect people and is more likely to make one more vulnerable to being dominated and controlled, thus, worsening the internal suffering (Keenan et al., 2010). Those who expect others to treat them with the same love and care as their own family are often disappointed and lose trust in others (Neff, Kirkpatrick, & Rude, 2007). Another important difficulty associated with all this is lack of a grown-up attitude about self and others (Andersen & Chen, 2002). It is essential to develop and shore up one's individuality is to maintain clearly defined boundaries, otherwise, the relationship becomes somewhat infantile, brittle, and introjected (Leets & Leets, 2004), consequently, such a relationship may be comfortable in short run, but could be regressive and suffocating in the long run. Such anxieties and fear tend to raise their heads from time to time and one has to learn to deal with the problems effectively and in a mature ways. In a long lasting and satisfactory relationship, it is essential to show mutual respect for individuality, support, collaborative approach to adjustment, and room for personal growth (Frei & Shaver, 2002; Segrin & Taylor, 2007). Emotional conflicts, competing demands, and self-centered expectations result in regressive and infantile relationships. In such situations, one cannot, but continue to re-enact one's childhood conflicts. However, there appear to be few opportunities to learn new social skills, like assertiveness and maintaining individuality, respect one's own boundaries, sacrifice infantile dependence needs.

The IDS is shown to have high internal consistency, test-retest reliability, split-half reliability, and acceptable level of convergent validity. The relationship between interpersonal difficulties and other mental health problems are in line with literature (Daley et al., 2006; Eberhart & Hammen, 2006; Katz et al., 2011) suggesting that those university students experiencing problems in their social relationships tend to have more psychological problems. Another interesting finding, contrary to literature, is that nonsignificant difference was found between male and female participants on overall interpersonal difficulties (Gurtman & Lee, 2009; Lee et al., 2013). This is perhaps because university life is equally challenging for both genders and posits same pressures and demands, therefore, both male and female participants experience almost equal level of interpersonal difficulties.

Limitations and Suggestions

The findings of the current research have implications for clinical and counseling of university students. On the basis of identification of a specific interpersonal difficulties, tailor made skills can be planned for individuals such as social skills, assertive training, and communication skills. The IDS can further be used for clinical and research purposes. Also this scale can further be used to monitor the counselling effectiveness. Future research should also focus on determining the relationship of early parent-child experiences and interpersonal difficulties across various age groups and diverse clinical and general population. Since, this study was based on the direct self-reported experience and expression of university students, it might be suggested that further research should explore the phenomenon of interpersonal problems through indirect and projective approach.

Conclusion

The current research is a ground breaking work to measure interpersonal difficulties in university students. This research will further help in better understanding of the complex and dynamic nature of interpersonal relationships.

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