Chapter 7

IMPLICATIONS, LIMITATIONS, AND FUTURE RESEARCH SUGGESTIONS
IMPLICATIONS

This research has quite a few implications. The findings of this research show that specific indicators of perceived relationship quality determine self and emotional wellbeing. These findings can be used to plan training and intervention programs to enhance self and develop a positive emotional wellbeing. Self-enhancement and a positive emotional wellbeing can be advantageous for any individual. Knowing the specific factors that are associated with them, those very factors could be enhanced, which would lead to improve aspects of self and emotional wellbeing.

The findings of this research can also be used to help people who have difficulties in forming intimate relationships. Lonely and socially anxious people come into this category.

Loneliness is the aversive state experienced when a discrepancy exists between the interpersonal relationships one wishes to have, and those that one perceives they currently have (Peplau & Perlman, 1982). Numerous researchers (e.g., Fromm-Reichmann, 1959; Kupersmidt et al., 1999) have asserted that loneliness has a major influence on psychosocial problems, mental health, and physical well-being. Loneliness has been found to be significantly associated with shyness, neuroticism, social withdrawal, and a lower frequency of dating (Russell et al., 1980; Hojat, 1982; Horowitz et al., 1982). Associations between loneliness and poorer social interaction quality have also been demonstrated (Segrin, 1998; Hawkley et al., 2003). Hawkley et al. (2003) found loneliness to be related to less positive and more negative feelings during social interactions. More specifically, loneliness was significantly correlated with less intimacy, comfort, and understanding, and more caution, distrust, and conflict. Loneliness has also been linked to low social competence, peer rejection and victimization, a lack of high quality friendships, and more negative appraisals of social support (Rubin & Mills, 1988; Crick & Ladd, 1993; Parker & Asher, 1993, Riggio et al., 1993).
Like loneliness, social anxiety can also be found to involve difficulties in developing relationships and lead to a number of psychological problems. Social anxiety is a characteristic fear about interacting in social situations (Leary & Kowalski, 1995; Creed & Funder, 1998). The association between social anxiety and various indices of impaired interpersonal functioning has been well demonstrated in both nonclinical and clinical samples (Westenberg, 1998). Individuals with clinical levels of social anxiety are likely to live alone, be single, and to report impaired relationships with family and peers (Schneier et al., 1994). In nonclinical populations, social anxiety and its variants (e.g., shyness) have been linked with loneliness and lessened social support and quality of relationships (Schmidt & Fox, 1995; Prisbell, 1997; Segrin, 1999). Social anxiety involves actual social skills deficits (Creed & Funder, 1998; Fydrich, Chambless, Perry, Buergener, & Beazley, 1998). It also involves distorted cognitive appraisals of the self and social interactions, leading to inaccurate judgments both of one’s own and others’ social behaviors (Clark & Wells, 1995). All this may lead, ultimately, to disruptive levels of situational distress, the appearance of social ineptness, and negative evaluation by others. Also implicated are difficulties with intrapersonal competencies, or the facility with which the individual manages his/her own emotional state within social interactions (Summerfeldt, Kloosterman, Antony, & Parker, 2006).

Loneliness and social anxiety, therefore, can prove to be a major impediment as far as developing relationships are concerned. It further leads to many psychological difficulties. Loneliness among many other aspects involves a low relationship quality with respect to a specific person, a lack of social competence, and poor mental health.

Enhancing specific indicators of perceived relationship quality that determine self and emotional wellbeing (as found in this study) will not only improve relationship quality, but it will also enhance the social competence of such individuals. The findings of this study, thus, will help in reducing feelings of loneliness and social anxiety and also enhance their social skills and mental health.
Like loneliness and social anxiety, the findings of this research can be used to help people with personality disorders. Personality disorder is defined as an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture, is pervasive and inflexible, has an onset in adolescence or early childhood, is stable over time, and leads to distress or impairment (American Psychiatric Association, 2000, p. 685). Personality disorders are most distinguished by dysfunctional patterns of social behavior (McLemore & Brokaw, 1987). It is widely accepted that personality disorders are to a large degree disorders of interpersonal life, and have characteristic patterns of interpersonal disturbance. Interpersonal features figure prominently in clinical descriptions of many personality disorders, including the DSM-IV’s diagnostic criteria. A growing consensus in the literature on personality disorders suggests that dysfunctional interpersonal behavior is either the defining feature or a major component of many personality disorders (Haslam, Reichert, & Fiske, 2002). Interpersonal psychologists have described personality-disordered individuals as displaying rigid maladaptive patterns of interaction with others that in turn elicit a limited class of responses that can perpetuate the dysfunctional pattern (Pincus & Wiggins, 1990).

People with personality disorders have difficulties in psychological adjustment, impulse control disorders, and the risk for mood and anxiety disorders (Alloy, Riskind, & Manos, 2005). Adolescents with personality disorder have been found to be more than twice likely as adolescents free from personality disorders to suffer from problems such as suicidality, anxiety, mood, and substance abuse disorders during early adulthood (Johnson, Cohen, Skodol, et al., 1999).

As can be seen, above, difficulty in having relationships is one the main features of personality disorders. The findings of this research, thus, can be applied to personality disorders. Enhancing indicators of perceived relationship quality will help in reducing these difficulties to some extent and will also be helpful in a better adjustment as it will lead to improvement in facets of self and emotional wellbeing.
Finally, the findings of this research can be used to help people who are facing problems in their current relationships. People in their day to day lives keep having minor to major difficulties in their relationships. Such difficulties have a negative impact on their overall relationship quality. Low relationship quality is characterized by conflict, irritation, and antagonism (Dush & Amato, 2005), and stressful and contentious relationships are toxic to our system (Goleman, 2006).

As per the findings of this research, specific aspects of perceived relationship quality determine facets of self and emotional wellbeing. These findings can be effectively applied to people who have relationship difficulties. For example, indicators of perceived relationship quality such as relationship preoccupation, relationship assertiveness, relationship anxiety, etc. if altered can have fruitful affects on such individuals. Enhancing specific indicators of perceived relationship quality will in reducing relationship difficulties and improvement in self and emotional wellbeing will enhance their communication skills, which will further be advantageous for their relationship.

This research, on the whole, can prove to have a highly positive impact on the society in general. It implies that certain indicators of perceived relationship quality lead to an enhanced self and a positive emotional wellbeing. It therefore, promotes and spreads awareness about healthy relationships, social and emotional competence, and wellbeing within the society.

**LIMITATIONS OF THE STUDY**

This research had a few limitations. The sample size for live-in relationships was too small. Live-in relationships in India, despite being on the rise, are still not seen as something to very acceptable. Many people in live-in relationships hesitated to participate in the research. They were not willing to disclose the status of their relationship, despite assuring them that their responses will be kept confidential.
Due to this, quite a few people refused to participate in the research. Because of many people refusing to participate and quite a few people not returning the questionnaire, not more than 10 questionnaires from people in a live-in relationship could be obtained. A sample size of 10 is not sufficient for any statistical analysis. Stepwise multiple regression analysis, which was important for this research, could not be carried out for live-in relationships. Post hoc Tukey test did not reveal any significant differences for live-in relationships with all the other relationships. This was obviously because of the small sample size. Therefore, due to the small sample size of live-in relationships, proper information about it could not be gathered.

Another limitation of the study is that there was unequal gender proportion in the sample. The proportion of females in the whole sample, in this research, is more than males. This was obviously not meant to happen. Somehow more females were available for filling up the questionnaires. Some males refused to fill up the questionnaires and some did not return the questionnaire. All this resulted in the proportion of females in the sample to be more than males.

Although examining gender differences was not one of the purposes of the study, an equal gender proportion would have been better for the overall results.

Finally, the duration of relationship of each individual in all the relationships could not been taken into account. Even though not as one of the objectives, it was initially intended to examine the role of duration of relationship also. But the data being statistically skewed, it could not be examined. Duration of relationship can be an important factor in any relationship. It might have had some effect in the results.
FUTURE RESEARCH SUGGESTIONS

Live-in relationships are a reality and form an important part of the society. In the past decade, live-in relationships, in India, have been on the rise. Yet there is almost no research done on it in India and very little research done all over the world. Due to this very little information on this relationship is available. Moreover, many people have a lot of misconceptions about it.

This research attempted to shed greater light on this relationship, but a number of people refusing to participate did not help in getting a larger sample size. This led not being able to get sufficient information about it. Nevertheless it was an initiation, which should lead to more people doing research in it. If researchers start attempting to do more research on this relationship then perhaps people will get motivated to come out in the open and participate in such researches. This may also help in reducing the social taboo associated with this relationship as further research will reveal more information about it, which will in turn clear the many misconceptions about such relationships. Therefore, more and more research should be done on live-in relationships.

This research focused on only one of the persons of each of the relationships. However, research done on dyads and comparing them, rather than focusing on just one individual of the relationship could bring about some interesting findings.

Intimate relationships can comprise of a wide range of relationships, including homosexual relationships. This research was done on only heterosexual individuals. Including homosexuals was considered, but later declined as it could have made the study quite complicated. Also, data collection of homosexual relationships can turn out be extremely difficult. Data collection for heterosexual live-in relationships was a difficult task; homosexual relationships being added to the sample would have further enhanced the difficulty. However, future research could focus only on homosexual relationships. Like live-in relationships, research on homosexual relationships will shed greater light on such relationships.
This research was done in a more generalized setting. With slight modifications, this research can be replicated in different settings such clinical settings, organizational setups, and schools. Doing this same research in specific settings may have different as well as interesting findings.

Finally, cross-cultural comparisons of the whole study can be done. This research was done in India. It will be interesting to do this same research, perhaps, in the West and compare the results of the two cultures.