Development and Psychometric Properties of Interpersonal Difficulties Scale of People Living at the Working Boundary Line of Sialkot, Pakistan

Moneeza Riaz* and Fariha Tariq†

The current study explores the interpersonal difficulties of people living on the working boundary line of Sialkot and develops an indigenous tool for interpersonal difficulties. This tool aims for validity in understanding their problems and interpersonal issues. Initially, we explored this topic to understand the issues of individuals and the interpersonal difficulties they experienced. Thirty participants were interviewed for item generation and, after validation from societal experts, 32 items were used for a pilot study with 20 participants. The final research was conducted using a sample of 300 participants, which included 150 females and 150 males from 15 villages located at the working boundary line between India and Pakistan in Sialkot. The Interpersonal Difficulties Scale for Boundary Line (IDSBL, 2020) was completed by these individuals. The Interpersonal Difficulties Scale's factors indicated: a lack of assertiveness, relationship issues, and insecure feelings. The results were also discussed in light of gender differences and the impact of living at the conflicting boundary line. This study will lead to better identification of interpersonal difficulties and has implications for managing the issues of people living at the boundary line.

Keywords

interpersonal difficulties • mental health problems • working boundary line • psychometric properties • young adults • Pakistan and India Border • war zone • conflicted areas

Introduction

Borders play a critical role as they interface between domestic and international spaces. The intercultural role and the recent drastic events across the globe, like the war between Russia and Ukraine, and the conflict between Israel and Palestine have further highlighted the function

*Student, MS Clinical Psychology, Department of Clinical Psychology, University of Management & Technology, Sialkot Campus
†Lecturer, Clinical Psychology, Department of Clinical Psychology, University of Management & Technology, Sialkot Campus, fariha.tariq@skt.umt.edu.pk

Correspondence concerning this article should be addressed to Fariha Tariq, Lecturer, Clinical Psychology, Department of Clinical Psychology, University of Management & Technology, Sialkot Campus

doi: 10.3998/jmmh.2991

of borders (Laine, 2021). There is significant conflict-induced humanitarian catastrophes in a range of nations, including Afghanistan, Iraq, Nigeria, Somalia, South Sudan, and Syria, as well as Kashmir's Pakistan and India border (Charlson, 2019).

The Indian-Pakistan border is a symbol of decades of trauma. Pakistan and India are not getting closer to a peaceful co-existence after three wars, numerous border disputes, and terror attacks (Loanes, 2019). The working boundary, control, and international boundary lines are three types of border lines operating between Pakistan and India.

The working boundary line is between the Kashmir district of Sialkot and India. It is known as a working boundary line because one side is known as international land (Sialkot), and the other side is a disputed area of Jammu and Kashmir (Khan, 2018). The wars of 1965 and 1971 had a very negative impact because many people were killed, injured, and experienced many psychological problems, as well as physical disabilities reported within the population of both sides (Jilani, 2014; Cheema, 2015).

The people living in the war zone areas face many problems because of conflicted conditions at the border including harm to their physical and psychological functioning, causing relationship issues and frustration. Adult individuals have a significant and dynamic function to play in their development at the start of adulthood. Young adults are more affected by these conditions because they are more responsible for the safety of their children, their property, and their lives. The period of early adulthood is from 20–40 years of age (McLeod, 2018). In early adulthood, a person's abilities are very high, including physical and psychological potency and sensory abilities (Baltes & Baltes, 1990). Young females are more vulnerable to interpersonal difficulties and psychological problems due to stressful situations or war circumstances as compared to others because of their emotional health influences. Research on Syrian females was performed to explore the emotional toll associated with combat and migration issues, which indicated that women had several psychosocial problems. These problems included depression (41.6%), anxiety and stress (37.5%), poor psychological functioning (destroyed, damaged, and exhausted) (29.2%), and sleep disorders (25%) (Rizkalla et al., 2020). Another nation that has experienced civil war is Lebanon. The number of painful events linked to wars has been heavily associated with interpersonal problems, causing psychological distress, as also reported from Lebanon, where high levels of depression were found among Lebanese women, due to war and conflict (Al-ghzawi et al., 2014).

Research has shown that the hostile environment of wars, target killings, and other brutal killings of people, including mothers and children in Palestine, have caused high levels of psychological and social dysfunction. These results indicate that there is a large proportion of interpersonal issues and severe mental trauma among Palestinian teens and adults (Brown, 2021).

Let's now take the example of another conflicted region, Afghanistan, of which has become a trauma state due to war conditions. According to a survey by Geopner (2018), Afghans suffer from exceptionally high rates of post-traumatic stress disorder and other mental disorders, reduced impulse control or emotional instability, and behavioral problems. Studies suggest that these adverse effects make individuals more aggressive toward others (Geopner, 2018). Passing through transient emotional stability and adjustment already, young adults may be at greater risk than older adults because, during the war, they experience issues like adjustment difficulties, problems in social relations, and mental health symptoms (Pizarro et al., 2006).

The word *interpersonal* was theoretically explained by Björko et al. (2003) in terms of both its external behavioral context and its internal implications towards the representations of one's sense of self and others (Marmer, 2012). Relationships are often disrupted due to personal and interpersonal factors, as environmental issues have forced individuals to deal psychologically, and physically differently with their problems. Traumatic environmental events occur in different

ways, such as war, physical or sexual violence, natural disasters, etc. These horrific events lead to the disrupted emotional health of individuals and affect their psychological well-being and affect problematic social connections (Pagan, 2018). The various types of interpersonal issues include: invasive, overly nurturing, exploitable, non-assertive, socially avoidant, cold, hurtful, and dominant. As a consequence of social and environmental problems, individuals communicate with each other positively or negatively depending on their interpersonal issues (Rodebaugh et al., 2010; Wilson et al., 2017).

Interpersonal theory suggests that interpersonal actions can be defined within a two-dimensional model, by Horowitz and Vitkus (1986) and Kiesler (1983). The first dimension of this theory relates to membership with ranges from aggressive to friendly actions, while the second dimension relates to dominance with ranges from submissiveness to dominance. If these dimensions are not met appropriately at an optimum level, there will be issues among the communicating individuals who insist on interpersonal behavior change or discontinuation of contact (Hayden, Müllauer, & Andreas, 2017). The theory of attachment is one of the most important ideas in psychology, as it incorporates cognitive, motivational, and behavioral features because children have various interactions with key attachment figures in childhood. These attachments can affect the children presently and later on in their adult relationships. Both the type of attachment patterns and the perceptions of interpersonal issues affect psychological well-being, which influences the individual's mental health, causing stress, anxiety, depression, and other psychological traits (Hayden, Müllauer, & Andreas, 2017). Thus, every individual as an adult, deal differently with interpersonal difficulties based on their attachment style and the interpersonal dimensions they are using.

Depression and anxiety in settings of conflict seem to increase with age, and depression is more common among women than men (WHO, 2019). Adults face many issues, such as homelessness, food, quality of life, fear of death, etc., according to a study by Tanielian and Jaycox (2008) during a war situation. These challenges cause psychological problems in adults, including frustration, anxiety, and stress, that predict interpersonal problems as they have difficulty communicating issues, are unable to believe in others, and experience isolation. The environmental impacts of war, such as a constant state of fear, uncertainty, and homelessness, can cause many health issues. The trauma of losing one's properties and loved ones can cause anxiety and depression, which further contributes to personal and interpersonal conflicts (Leaning, 2000; Jacob, 2017).

The present study was conducted to explore the interpersonal difficulties of people living on the working boundary line of Sialkot. For this purpose, an indigenous tool was developed to measure the interpersonal difficulties of the people living at the boundary line.

Method

Phase I: Item Generation

The first step of this study's item generation was exploring the phenomenology of interpersonal difficulties in adults from the selected population to understand the interpersonal difficulties for adults living at the working boundary line. For this purpose, 30 participants were selected and interviewed; 15 males and 15 females from various villages on the working boundary. Purposive sampling was used for the selection process. For example, sampling depended on the researcher's decision, the required characteristics of living at the working boundary lines, their availability, and their willingness to participate. The age range of participants was 20–50 years. The semi-structured interview was performed individually. An operational definition of

interpersonal difficulties was presented to them, and they were asked how they felt about the difficulties of living on the boundary line. After conducting interviews with the participants and noting their responses, any vague words or statements were further explored. The next step was to read and analyze the data and find the commonalities in the transcripts. The responses with the same themes or words were collated in a way that retained their original meaning and formed 35 items for males and females.

Phase II: Expert Validation

Expert validation is done by allowing expert peers to review the item pool to confirm or invalidate the definition of the phenomenon. They rate the items for relevance and point out clarity or any unaddressed aspects of the construct (DeVellis, 2017). During this phase, five chosen experts in the field of clinical psychology from teaching and practicing domains rate the items for content based on representing interpersonal difficulties in adults. For this study, three of the items, that rated low on a 5-point Likert scale, were discarded, and 32 items were retained.

Phase III: Pilot Study

The rationale for conducting a sample was to check that all the items, instructions, and scale layout were comprehensible for the population before conducting the main study. For this purpose, we selected 20 participants consisting of 10 males and 10 females. They read the survey and marked their answers on a 4-point Likert scale according to their experience. The survey took 15–20 minutes for participants to mark their answers. The singular problem confronted was in filling the demographics, hence the slight changes in wording and additions. Otherwise, no changes were made to the items on the scale.

Phase IV: Main Study

After finalizing the scale, the main study was carried out to generate the psychometric properties of the scale. In this study, we used cross-sectional design and purpose sampling.

Participants

A total of 300 participants (N = 300) were selected from different villages within the working boundaries of Sialkot. For this purpose, 10–15 different villages were approached for data collection. The sample consisted of 50% males and 50% females. The age range of participants was from 20–50 years, with an average mean of 30.72 (*SD* = 8.05). The data was collected from married and unmarried participants. Included in the study were participants aged 20–50 years old who either lived at the working boundary, had been temporarily displaced and returned to their homes, or are currently residing at the working boundary. Excluded from the study were those below the age of 20 or above 50 as well as those permanently displaced and relocated from the boundary line.

Measures

The following measures were used in the research for data collection.

Demographic Performa. The demographics used to identify and define the characteristics of the participants were age, sex, marital status, education, family system, duration of living at the working boundary, and number of displacements.

Interpersonal Difficulties Scale for Working Boundary Lines (IDSBL). This indigenous tool was developed to measure the interpersonal difficulties of people living within working boundaries and was used to understand the problems of participants related to their interpersonal difficulties. It consists of 32 items for males and females. The responses are recorded using a 4-point Likert scale, where 0 indicates "Never," 1 indicates "Rarely," 2 indicates "To some extent," and 3 indicates "Often."

The Depression, Anxiety, and Stress Scale (DASS). DASS is a self-report inventory scale to assess the harmful emotions of individuals. It was translated into Urdu by Aslam and Kamal (2016). It is an effective measure of assessing depression, anxiety, and stress because it is a culturally valid and acceptable tool. The scale uses a four-point Likert scale where 0 indicates "Never", 1 indicates "Sometimes," 2 indicates "Often," and 3 indicates "Every Time." DASS consisted of 21 items measuring depression, anxiety, and stress. The items on the scale measured the physical and mental state of individuals at the time of having negative emotions or experiences. The validity and reliability of this scale were highly acceptable. The alpha reliability of the DASS is: Stress 0.83, Anxiety 0.86, and Depression 0.84 in the subscales, and the overall value was ($\alpha = 0.93$). DASS-21 was used to establish the convergent validity of IDSBL.

Procedure

After obtaining permission from the participants, the purpose of the research was explained to them. The researchers assured the participants that their identities would remain anonymous. Informed consent was obtained from the participants about the study, ensuring the confidentiality of their information. The participants were informed of their right to withdraw from the study at any point. They were also debriefed about the research. The research measures were provided in Urdu and were culturally suitable. The data was collected individually from each participant. If the participant had difficulty reading or understanding the wording of the items, the researchers read the items aloud and completed the responses with the participants' input. Each session lasted from 15–30 minutes.

Ethical Considerations

Ethical considerations were followed while researching per APA ethical guidelines, which all psychologists must follow (APA, 2010). Initially, the project was approved by the department graduate committee. Informed consent was obtained from the participants, and they were ensured anonymity and confidentiality. Participants were informed of their right to withdraw from the study at any stage. The participants were provided with a debriefing. Counseling was provided to participants who shared atraumatic experiences while describing their interpersonal difficulties.

Results

Item Analysis

The psychometric properties section included the study of the interpersonal problems of borderlines and other scale characteristics of the Indigenous scale. The section includes factor analysis, scree map, Eigen value, computation factors, Cronbach alpha for testing internal scale accuracy, and predictive validity.

Factor Analysis of the Interpersonal Difficulties Scale (IDSBL)

To explain, identify, and discover the underlying factors of the raw data included in the IDSBL scale, factor analysis of interpersonal problems was used. Based on the high correlation between the items, and so that it could be presented in a structured format, it was appropriate to find a relevant, appropriate, and logical meaning of the data.

Exploratory factor analysis was selected for the scale development process. A principle component matrix was used along with the Varimax Rotation for factor analysis. From the 32 items of the scale, a three-factor solution was identified. The factors were determined based on the criteria that the value of the Eigen was higher than one. A scree plot with a graphical analysis of the Eigen value was used for further clarification and analysis. The number of factors was calculated using only the factors that came under the elbow of the scree plot with a factor loading of 0.40. A correlation analysis was also carried out on the 32 IDSBL items, and five items were discarded as their values were low. Therefore, the positive associations were seen from the remaining 27 items. The selected items were based on their respective variables. The loading factors for the selected products were these 27 items: the Kaiser-Meyer Olkin (KMO) value was 0.70 and Bartlett's test value was 1416.834 ($p = 0.000$).

Table 1 shows that factors were loaded that were 0.30 or greater than 0.30. For requirements and clarification, all such items were confidently presented. Those items with a loading factor less than 0.30 were excluded. The nature of the item was also evaluated for items with questionable loading for the suitability of the persistence in a specific factor.

Table 1. The Factor Analysis of IDSBL 27 Items with Varimax Rotation.

	IDSBL Items	**Factor Loading**		
		1	**2**	**3**
Sr.no	Factor 1: Lack of Assertiveness			
1	Was made fun of	**.56**	.23	.13
2	31. Feeling inferior	**.54**	.12	.12
3	Consider myself unsafe	**.54**	.13	.11
4	9. Feelings of being a burden on others	**.52**	.20	.23
5	Not having trust in people	**.48**	.19	.19
6	23. Feeling of being dependent on others for everything	**.43**	.09	.10
7	14. Being sorry for my problems	**.42**	.30	.32
8	8. Unable to express anger	**.40**	.09	.05
9	25. Inability to express my opinion	**.37**	.20	.19
10	24. Tolerating unnecessary criticism from others	**.32**	.10	.19
11	30. Name-calling by others	**.31**	.27	.04
12	16. Don't feel anything good in stress	**.30**	.04	.06
	Factor 2: Relationship Issues			
13	Poor relationship with relatives	.00	**.62**	.07

(Contd.)

	IDSBL Items	Factor Loading		
		1	2	3
14	19. Arguing with others because of these(war-related) circumstances	.00	**.55**	.17
15	Bad attitude of others in difficult times	.06	**.50**	.14
16	17. Others develop mistrust of us	.18	**.49**	.03
17	20. Showing selfishness to others	.09	**.48**	.11
18	Not rejoicing in the happiness of others	.08	**.42**	.26
19	29. Damage to the relationship due to anger	.04	**.38**	.35
20	13. Feeling ashamed of others (for needing help)	.31	**.34**	.28
21	22. To isolate oneself from others	.17	**.31**	.02
	Factor 3: Insecure Feelings			
22	28. Decreased feeling of belongingness to others	.08	.23	**.55**
23	21. Being afraid of the future	.05	.15	**.52**
24	15. Facing criticism from others because of children	.06	.01	**.51**
25	27. Getting very angry with other people	.05	.23	**.51**
26	26. Couldn't follow one's own will	.36	.04	**.46**
27	18. Having a lot of problems in developing new relationships	.03	.14	**.45**

Note: factor loading >.30 are boldfaced.

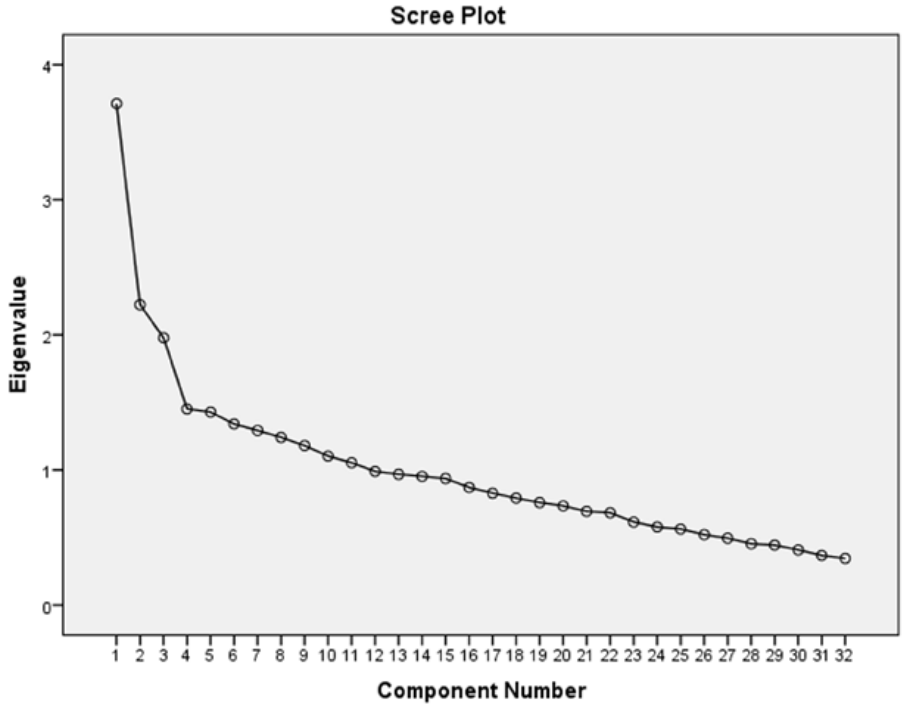

Figure 1. Scree Plot Showing the Extraction of Interpersonal Difficulties Factors.

Table 2. Eigen Values and Variance Explained by Three Factors of IDSBL.

Factors	Eigen Values	% of Variance	% of Cumulative Variance
1. Lack of Assertiveness	2.92	9.167	9.167
2. Relationship Issues	2.66	8.322	17.472
3 Insecure Feelings	2.31	7.238	24.710

Note: % = percentage.

The scree plot diagram (Figure 1) was used to describe the number of variables for the Interpersonal Difficulties scale. Using the variance levels of the scree plot, the scale factors were chosen. The factors the fell under the elbow were also regarded as factors. The first factors analysis was performed with the four and three alternatives in the above scree plot map, but the items were uncertain in four variables. The three factors that have been reported were more accurate. Therefore, due to the greater consistency and disparity between the variables, three factors were retained.

The Eigen value of the three variables in the Border Line Interpersonal Difficulties Scale is shown in Table 2. The first factor's Eigen value was 9.167, the second factor 8.322, and the third factor 7.238. The gross average variation of the three variables was 51.34.

Factor Description of Interpersonal Difficulties Scale

The borderline interpersonal difficulties scale has 27 items. The scale was composed of a point Likert scale where: 0 indicates "Never," 1 indicates "Rarely," 2 indicates "To some degree," and 3 indicates "Always." The scale of interpersonal difficulties tests three aspects of an individual's difficulties with other people, including their lack of assertiveness, relationship problems, and insecure feelings.

Factor I: Lack of Assertiveness

This aspect consisted of a total of twelve items that clarified the lack of assertiveness, since they may have been unable to speak about others, face criticism, express their indignation about negative experiences, address misbehavior by others, and ask others for support.

Factor II: Relationship Issues

This element consisted of a total of nine items that explained that there were a lot of relationship conflicts with working boundary-line individuals. The sample items comprised family problems, such as husband-wife personal problems, having disputes or fights at home, marital issues due to border conflicts, not finding oneself acceptable, getting tired, and getting fed up with the other's negative tempers.

Factor III: Insecure Feelings

This factor consisted of a total of six items that clarified the difficulties of insecure feelings among people. The sample items included believing that life is meaningless, feeling depressed, feeling that there is no meaning in life, feeling that no one can help with their issues, feeling inadequate, and being made fun of by others about their issues.

Psychometric Properties of Scale

Construct Validity and Internal Consistency

Table 3 indicates that IDSBL has a significant positive correlation with its three factors. Also, Cronbach's Alpha ranges from 0.74–0.83, showing that the scale has high internal consistency, as shown in Table 4.

The findings presented in the table above indicate the internal consistency of the boundary line scale of the factors of interpersonal difficulties. All the variables turned out to be remarkably stable. The scale's overall high internal consistency was 0.83.

Convergent Validity

For establishing convergent validity, DASS was used with an interpersonal difficulties scale for working at the boundary line.

The scores indicate a high correlation between IDSBL and DASS, indicating that those living at the working boundary have high interpersonal difficulties related to communication, relationship issues, insecure feelings, and mental health problems.

Interpersonal Difficulties Scale's Results on Gender Differences

The overall results indicate that females scored higher on lack of assertiveness and insecure feelings as compared to males on IDSBL.

Table 3. Inter-correlations, Means, and Standard Deviation of IDSBL Along with its Factors (N = 300).

Factors	M	SD	F1	F2	F3	Total_IDSBL
F1 LOA	21.48	5.403	–	.29**	.22*	.80***
F2 RI	14.29	4.101	–	–	.25**	.71***
F3 IF	11.10	3.194	–	–	–	.59***
IDSBL Total	46.87	9.152	–	–	–	–

Note: IDSBL = Interpersonal difficulties scale for working boundary line, LOA = Lack of Assertiveness, RI = Relationship Issues, IF = Insecure Feelings, IDSBL Total = Total of IDSBL $^{*}p < .05$, $^{**}p < .01$, $^{***}p < .001$.

Table 4. Cronbach's Alpha of IDSBL Along with its Factors (N = 300).

Scale	*M*	*SD*	Range	*a*
Lack of Assertiveness	24.17	5.959	03–38	.74
Relationship Issues	10.13	2.623	01–16	.63
Insecure Feelings	9.35	2.793	1–15	.70
Total IDSBL	46.85	9.643	08–83	.83

Note: M = Mean, SD = Standard Deviation, R = Range, a = Cronbach's Alpha.

Table 5. Pearson Correlation of IDSBL and DASS-21 (N = 300).

Factors	M	SD	F1	F2	F3	Total_ IDSBL	S	A	D	Total_ DASS
F1 LOA	21.48	5.403	–	.29**	.22*	.80***	.30**	.24*	.17	.31**
F2 RI	14.29	4.101	–	–	.25**	.71***	.25**	.19*	.22*	.28**
F3 IF	11.10	3.194	–	–	–	.59***	.18	.12	.22*	.23*
IDSBL Total	46.87	9.152	–	–	–	–	.35***	.27**	.28**	.39***
Stress (S)	10.71	2.888	–	–	–	–	–	.23**	.44***	.71***
Anxiety (A)	9.65	3.526	–	–	–	–	–	–	.39***	.75***
Depression (D	10.61	3.099	–	–	–	–	–	–	–	.80***
DASS Total	30.97	7.199	–	–	–	–	–	–	–	–

Note: IDSBL = Interpersonal difficulties scale for working boundary line, LOA = Lack of Assertiveness, RI = Relationship Issues, IF = Insecure Feelings, DASS = Stress, Anxiety, Depression $^{*}p < .05$, $^{**}p < .01$, $^{***}p < .001$.

Table 6. Mean, Standard Deviation, t and p Values, Lower and Upper Limits Values of Interpersonal Difficulties (IDSBL) Between Two Groups (Male and Female) (N = 300).

Factors	Male		Female		t
	M	*SD*	*M*	*SD*	
F1 Lack of Assertiveness	10.36	2.510	11.16	3.310	–2.36
F2 Relationship Issues	14.41	3.712	14.16	4.466	.548
F3 Insecure Feelings	10.99	3.521	12.20	2.868	–.556
Total IDSBL	46.22	8.631	47.53	9.630	–1.23

Note. M = Mean, SD = Standard Deviation, IDSBL = interpersonal difficulties scale for working boundary line LOA = Lack of Assertiveness, RI = Relationship Issues, IF = Insecure Feelings, *t* = t-values.

Discussion

Adults in war-related areas experience many physical and psychological health issues that disrupt their life patterns and impact their quality of life due to environmental factors. In war zone populations, mental health problems are very common because mental health is affected due to traumatic circumstances. Also affected are an individual's requirements for safety, family security, and the social relationships available with which to cope with these problems (Gratz et al., 2018). Stressful circumstances, even in ceasefire conditions, affect the physical and mental well-being of those living at the boundary line, and those affected find they have difficulty managing their personal and interpersonal relationships.

The current study mainly focuses on the interpersonal difficulties experienced by young adults in a war-related environment. Information was collected and transformed into a four 4-point Likert scale (IDSBL). The factor analysis (Table 1) of 32 items revealed three factors: Lack of Assertiveness, Relationship Issues, and Insecure Feelings. This is one of the first efforts

within the literature to develop a culturally relevant scale for the population living at the boundary line, and offer access to, their interpersonal difficulties. The study presents their unique experiences of living at the boundary line. IDSBL has been devised to assess interpersonal difficulties with adults. The factors of IDSBL were found to differ from other measures like Inventory for Interpersonal Problems (IIP-32; Horowitz et al., 2000) as IIP-32 is more authentic for general interpersonal difficulties for the public and adults. However, IDSBL focuses on the interpersonal problems of people in war-related areas, especially people living at the boundary line. Commonalities between IIP-32 and IDSBL are assertiveness problems, relationship issues with family, and dependency issues.

The factors of interpersonal difficulties like lack of assertiveness indicate how communication style contributes to these difficulties. Assertiveness is a powerful skill to communicate with others, to develop interpersonal relations with the appropriate expression of ideas and feelings, and in the consideration of potential consequences. When critical situations occur most people behave either aggressively or passively, which may affect interpersonal relations (Mansi & Akancha, 2020). Lack of assertiveness has several forms of negative outcome, for example, being dominant or being dominated by others, the inability to communicate, and in having high expectations, which can often lead to disappointment and can cause further difficulties in developing relationships (Ames, Lee & Wazlawek, 2017). In this research, the lack of assertiveness indicated an inability to communicate and express emotions appropriately, being dependent on others, and being passive. These traits indicate that while being constantly subjected to displacements, living at the boundary lines, and a constant change in circumstances, a lack of assertiveness leads to poor communication and relationships. The role of culture cannot be ignored, as males are considered powerful when they act aggressively, and females are preferred to act passively. These results can be evaluated in this perspective as well. Moreover, Asian cultures are seen to have higher levels of indirect communication and ambiguous communication (Gudykunst, Ting-Toomey, and Chua, 1988). These factors lead to non-assertive communication and interpersonal difficulties.

The second factor indicated relationship issues as an aspect of interpersonal difficulties. This factor indicated difficulties like issues with relatives, people unable to care in conflicted circumstances, being selfish, and lack of trust. Relationship issues arise when stressful situations are not handled in a balanced way, as people in war-related areas may suffer family problems and marital issues. Considering the collectivistic culture of Pakistan, where most families live together, they are dependent on each other. Due to fluid boundaries and surrounding conflicts, these issues further lead to interpersonal difficulties. Collectivistic cultures tend to value group goals and harmony as well as maintaining relationships, order, and obligations (Oyserman & Lee, 2007). Thus, when they are unable to focus on these goals, especially during conflict at the boundary line, they experience relationship issues leading to interpersonal difficulties.

The third factor of this scale indicated insecure feelings, including feelings of insecurity about the future, being unable to make new relationships, and so on. Living at the boundary line, which is associated with conflicts, constant displacement, and shelling associations, might develop insecure feelings related to the protection of children, women, and their lives and infrastructure. Moral injury can underpin the effects of trauma off the battlefield, especially when the socially constructed moral responsibility of women, which is to protect the lives of their children, is compromised in violent, armed conflict situations (Korinek et al., 2017). Interestingly, some items in insecure feelings also highlight issues related to losing oneself and the inability to do things in their own way. This again highlights the trauma these individuals face and the feeling of helplessness to change their environment or situation living at the boundary line.

The psychometric properties of IDSBL indicate high internal consistency and an acceptable level of validity. The relationship between factors of IDSBL highlighted the positive correlation with DASS as shown in Table 5, which indicated that interpersonal difficulties lead to mental health problems. As the literature shows, mental health conditions are commonly known in individuals exposed to war and abuse. It warns that, if left untreated, the secret wounds can have long-term, even life-threatening impacts (Schlein, 2019). Individuals in an environment prone to war and violence suffer negative effects on their health and social deterioration.

The findings of this research showed a significant difference between males and females in their overall interpersonal difficulties. Females scored higher on lack of assertiveness and insecure feelings (see Table 6). This might be because in war-related areas, females suffer insecurity related to self, protection of their spouse and children, and other factors that may cause more vulnerability towards interpersonal difficulties in relationships and assertiveness issues. As the literature has examined, women were more vulnerable to psychological problems due to stressful events or war circumstances compared to men (Rizkalla et al., 2019).

Limitations of Research Work

- There were problems in approaching the population for study because some areas of the working boundary line were more threatening and under constant shelling, and therefore some areas are missing.
- Some participants were uneducated and it took more time to collect data from them. Thus, the data was limited to a sample of 300.
- The research was conducted only on the working boundary line of Sialkot and not comparable with the Line of Control (LOC), so it cannot be generalized to the overall Pakistani borderline areas.

Suggestions

Some suggestions for future research on this population are as follows.

- Future research should conduct a comparison between young adults and older adults to find the differences in the problems they face.
- Further research should be conducted at both the working boundary line and line of control for the generalization of the findings.
- New studies can focus on assessing the positive traits of this population, such as resiliency while living in a conflicted environment.
- Research should be conducted on a larger sample for better generalization of the results.

Conclusion

This research was conducted to highlight the interpersonal difficulties of people living at the working boundary line of Sialkot and to understand how the conflicted environment affects the population. This research can help further research into this population and highlight the psychological and social problems of the population.

References

Al-ghzawi, H. M., ALBashtawy, M., Azzeghaiby, S. N., & Alzoghaibi, I. N. (2014). The impact of wars and conflicts on mental health of Arab population. *International Journal of Humanities and Social Science*, *4*(6), 237–242.

American Psychological Association. (2010). *Publication Manual of the American Psychological Association* (6thed.). American Association.

Ames, D., Lee, A., & Wazlawek, A. (2017). Interpersonal assertiveness: Inside the Balancing. *Social and Personality Psychology Compass*. https://doi.org/10.1111/spc3.12317.

Baltes, P. B., & Baltes, M. M. (Eds.). (1990). *Successful aging: Perspectives from the behavioral sciences*. Cambridge University Press. https://doi.org/10.1017/CBO9780511665684.

Brown, N. J. (2021, May 5). *The Old Israeli-Palestinian Conflict Is Dead—Long Live the Emerging Israeli-Palestinian Conflict*. Carnegie Endowment for International Peace. https://carnegieendowment.org/2021/05/05/old-israeli-palestinian-conflict-is-dead-long-live-emerging-israeli-palestinian-conflict-pub-84457

Charlson, F., van Ommeren, M., Flaxman, A., Cornett, J., Whiteford, H., & Saxena, S. (2019). New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. *Lancet (London, England)*, *394*(10194), 240–248. https://doi.org/10.1016/S0140-6736(19)30934-1

Cheema, J. M. (2015). Pakistan and India Conflict with Special Reference to Kashmir. *A Research Journal of South Asian Studies, 30*(1), 45–69.

DeVellis, R. F. (2017). Scale Development: Theory and Applications (4th ed.). Sage.

Gudykunst, W., Ting-Toomey, S., & Chua, E. (1988). *Culture and interpersonal communication*. Sage.

Hayden, M. C., Müllauer, P. K., & Andreas, S. (2017). A Systematic Review on the Association between Adult Attachment and Interpersonal Problems. *Journal of Psychology Psychotherapy*, *7*, 296. https://doi.org/10.4172/2161-0487.1000296

Horowitz, L. M., & Vitkus, J. (1986). The interpersonal basis of psychiatric symptoms. *Clinical Psychology Review, 6*(5), 443–469. https://doi.org/10.1016/0272-7358(86)90031-0.

Jacob, H. (2017, September 15). *Ceasefire Violations in Jammu and Kashmir: A Line on Fire*. United States Institute of Peace. https://www.usip.org/publications/2017/09/ceasefire-violations-jammu-and-kashmir-line-fire

Jilani, G, K. (2014). What is meant by working boundary? Retrieved from. http://www.Dailypakistan.com.pk

Khan, M. A. (2018, March 4). *From Line of Control to Working Boundary*. Daily Times. https://dailytimes.com.pk/209941/line-control-working-boundary/

Kiesler, D. J. (1983). The 1982 interpersonal circle: A taxonomy for complementarily in human transactions. *Psychological Review, 90,* 185–214. https://doi.org/10.1037/0033-295X.90.3.185

Korinek, K., Loebach, P., & Teerawichitchainan, B. (2017). Physical and Mental Health Consequences of War-related Stressors Among Older Adults: An Analysis of Posttraumatic Stress Disorder and Arthritis in Northern Vietnamese War Survivors. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, *72*(6), 1090–1102. https://doi.org/10.1093/geronb/gbv157

Leaning, J. (2000). Environment and health: 5. Impact of war. *CMAJ: Canadian Medical Association journal*, *163*(9), 1157–1161.

Laine, J. P. (2021). Beyond Borders: Towards the Ethics of Unbounded Inclusiveness. *Journal of Borderlands Studies*, *36*(5), 745–763, doi: 10.1080/08865655.2021.1924073

Marmer, L. P. (2012). Interpersonal Difficulty, Affective Problems, and Ineffectiveness as Predictors of Eating Disordered Attitudes and Behavior (Publication No 231). [Doctoral dissertation, Philadelphia College of Osteopathic Medicine]. *PCOM Psychology Dissertations.*

Mansi, M., & Akancha, S. (2020). Exploring Assertiveness, Interpersonal Relationships And Conflict Management Styles Among Indian Youths. *Journal of Youth Voice*, ISSN (online): 2969.

Oyserman, D., & Lee, S. W. S. (2007). Priming "culture": Culture as situated cognition. In S. Kitayama, & D. Cohen (Eds.), *Handbook of cultural psychology* (pp. 255–279). Guilford Press.

Pagan, N. C. (2018). When you're Emotionally Affected by Trauma. Retrieved from https://www.webmd.com/mental-health/emotional-trauma-18/emotional-trauma-aftermath

Pizarro, J., Silver, R. C., & Prause, J. (2006). Physical and mental health costs of traumatic war experiences among Civil War veterans. *Archives of General Psychiatry*, *63*(2), 193–200. https://doi.org/10.1001/archpsyc.63.2.193

Rizkalla, N., Arafa, R., Mallat, N. K., Soudi, L., Adi, S., & Segal, S. P. (2020). Women in refuge: Syrian women voicing health sequelae due to war traumatic experiences and displacement challenges. *Journal of Psychosomatic Research*, *129*, 109909. https://doi.org/10.1016/j.jpsychores.2019.109909

Rodebaugh, T. L., Gianoli, M. O., Turkheimer, E., & Oltmanns, T. F. (2010). The interpersonal problems of the socially avoidant: self and peer shared variance. *Journal of Abnormal Psychology*, *119*(2), 331–340. https://doi.org/10.1037/a0019031

Schlein, L. (2019, October 10). *Majority of Mental Health Problems in Conflict Zones and Other Emergencies Go Untreated: Survey*. VOA. https://www.voanews.com/a/science-health_majority-mental-health-problems-conflict-zones-and-other-emergencies-go-untreated/6177391.html

Tanielian, T., & Jaycox, H. L. (2008). Invisible Wounds of War. *Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*. RAND Corporation. https://doi.org/10.7249/MG720

World Health Organization. (2019). One in five people in war zones have mental health conditions. *Journal of the Guardian*. Retrieved from https://www.theguardian.com/society/2019/jun/11/war-zones-mental-health-issues-world-health-organization-data