

When and How Does Work-family Conflict Turn into Psychological Disorder?

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ABSTRACT

The paper attempts to re-conceptualize work-family conflict based on qualitative contents from online survey of Indian managers. Researchers focus on perceptions of work-family conflict tracing the typology of antecedents and sources, dynamics of feelings aroused, covert adjustments, overt/behavioral manifestations, and the consequences to individuals and organizations. It is contended that covert adjustments (through ego defense mechanisms) in a conflict situation play a pivotal role before giving behavioral expression to feelings aroused. Further it is contributed to work-family conflict using 2(positive/negative) x2 (directed toward self/others) x3(location; workplace/family/both) model together with the adverse effects of psychological deviance. The researchers add value to the existing literature on conflict management by extending the role of psychological dynamics of affective arousal, covert adjustments and overt manifestations of conflict, and progression of the conflict experience into psychological distress possibly leading to adverse effects of psychological deviance requiring psychiatric or psychological help.

1. Introduction

Frone et al. (1997) explained that work-family conflict is a form of inter-role conflict in which the role pressures from the work and family domains are mutually incompatible in some respect. That is, participation in the work (family) role is made more difficult by virtue of participation in the family (work) role. It occurs when one's efforts to fulfill work role demands interfere with one's ability to fulfill family demands and vice versa. In addition, work-home conflict is a linking mechanism of negative interdependencies between work and home roles, which explains how one role can affect another role negatively, and enhances understanding of the work-home interface explored that work and family conflict is a mechanism in which these roles are reciprocally linked. Piko and Mihalka (2018) found that Work Family Conflict showed negative correlations with age. Whereas females experienced work interference with family more often, males experienced family interference with work slightly more frequently. Occurrence of substance use was more favourable, particularly smoking. Burnout and the psychosomatic symptoms were the most significant correlates of the Work Family Conflict factors, particularly emotional exhaustion. Satisfaction with life was negatively correlated with Work Family Conflict factors. Asghar et al. (2018) found a buffering effect of family supportive supervisor behavior on the relationship of work-family and family-work conflict regarding turnover intentions. Frone et al. (1997) found that the experience of Work to Family conflict was reported almost three times more frequently than the experience of Family to Work conflict among men and women.

Human beings may express (or not express) emotion by using display rules that involve strategically altering their emotional expression in a manner consistent with their personal goals or with rules of social appropriateness. Jones (2000) showed that emotions are communicated both nonverbally and verbally. On the nonverbal side, emotions are typically accompanied by nonverbal expressions on the face. Emotions are also expressed through verbal communication that implicitly or explicitly reveals the emotions that a person is experiencing. Emotions also affect conflict resolution strategy by motivating or predisposing a person towards specific behaviours. More specifically, Jones (2000) views the role of emotion in situations of conflict as fundamental 'that conflict is an emotionally defined and driven process, and that recognizing this fact

fundamentally alters one's approach to conflict management'. Perceptions of incompatibility can produce emotions and these emotions often influence the conflict process. Indeed, emotions are critical elements of conflict that can influence individuals' subjective experience and response to the conflict situation.

Building on communication theories, Weingart et al. (2015) posit that conflict expression that lies at the direct end of this dimension involves a verbal or nonverbal expression of the conflict at hand that (1) explicitly identifies (rather than implies) one's position of opposition and (2) occurs between the parties involved (rather than involving third parties). It is the combination of these two features that determines the extent of directness of conflict expression. More directly expressed conflicts take the form of statements and actions that make the oppositional positions in the conflict clear, leaving little room for interpretation that a conflict exists or what it is about. Direct conflict expressions might include verbally disagreeing with another's position and arguing for an alternative, as well as shaking one's head side to side in response to another's arguments to nonverbally indicate disagreement. Oppositional intensity of conflict expression refers to the degree of strength, force, or energy with which the sender conveys opposition during a given conflict event. Higher oppositional intensity conflicts (e.g., fights) are conveyed with greater force than are lower oppositional intensity conflicts (e.g., debates).

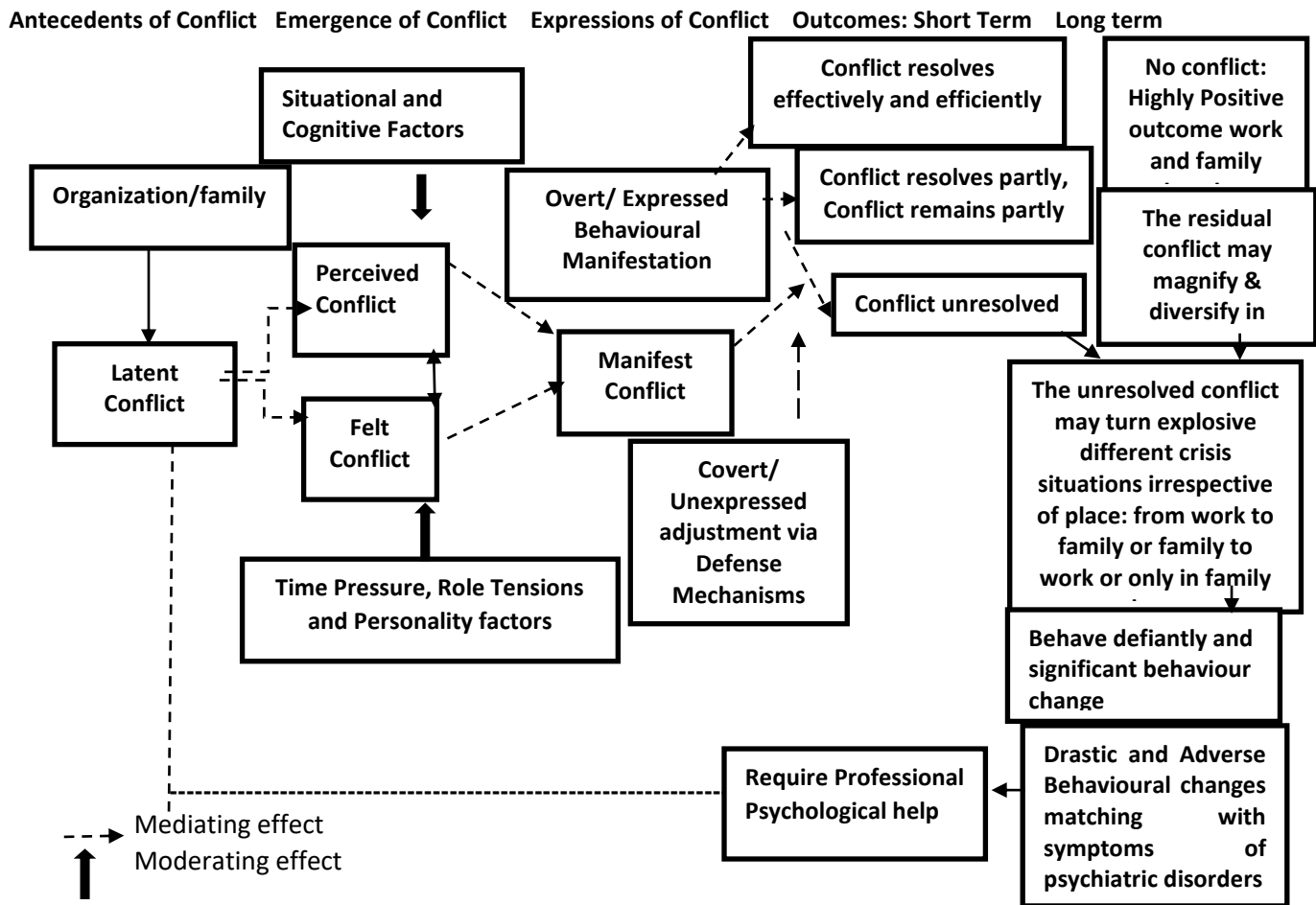
Limited research has shed light on the issue of covert adjustments to conflict using ego defense mechanism. When deeply involved in conflict, the intention of the individual or a group is to adopt disguised and covert strategies to express their discontent. The covert strategy is usually adopted when the intention of the aggrieved individual or group is to protect the identity of those involved; avoid the danger of the action being discovered; or both. The general assumption of the major function of defenses is the resolution of conflicts between what is perceived by the individual and his internalized values. Defense mechanisms are the 'regulatory processes that allow individuals to reduce cognitive dissonance and to minimize sudden changes in internal and external environments by altering how these events are perceived (Vaillant, 1993). Ego defense mechanisms (or factors), viewed as unconscious resources used by the ego to reduce conflict between the id and superego, are a reflection of how an individual deal with conflict and stress. Some defenses are thought to be adaptive whereas others may be more problematic, leading to difficulties in one's emotional life and environment.

Frone et al. (1997) found that work-to-family conflict and family-to-work conflict were related to higher levels of depressive symptoms, heavy alcohol use, and poor physical health. In contrast, family to work conflict was more strongly related to depression and anxiety among men than among women, work to family conflict was positively related to family withdrawal, whereas family to work conflict was positively related to work withdrawal. Work-family researchers have found that work-family conflict is positively related to depression and somatic complaints. Work-family conflict and family-work conflict may result in negative emotions, dissatisfaction with life, health-related behaviour, and physical health symptoms. A number of stress-related health consequences were identified in relation to Work-family conflict as well as family-work conflict, among others, depression, vital exhaustion, burnout, alcohol abuse and other aspects of health behaviour. In a sample of nurses from India, stress acted as a mediator between work-family conflict and their psychological health (Sharma et al., 2016).

In this paper, the researchers explore the answers of the following questions-

- (a) Does the emergence of conflict shift from one place to another place work place to family and family to workplace in significant numbers?
- (b) How does an individual's feelings within and beyond tolerance level, and post-conflict experience transition state change and the steps of change?
- (c) Does an individual apply covert adjustments and overt expressions equally to resolute his/her conflict?
- (d) Does the unsuccessful resolution of conflict techniques lead an individual to go for professional help, that is psychological or psychiatric treatment or not in significant numbers?

Figure 1: Work-Family Conflict Model



2. Method

2.1 The Questionnaire

For purpose of present exploratory research, researchers constructed an open-ended questionnaire (Appendix-A) consisting of items of organizational as well as family conflict, feelings experienced, either expressed or not expressed and conflict coping responses. The questionnaire was forwarded to various executive participants attending various training programs at a premier B-School in India via email.

The questionnaire consisted of items on respondent’s professional as well as personal and family details. It was asked respondents to write incidents of experiencing conflict situation, feelings aroused, and its outcomes in different situations (that is, work or family) and with different individuals (that is, superior and subordinate in work situation and with different family members within family) and any interface effect from the conflict. Further each respondent was asked to write about the behaviour during conflict situation. While constructing the questionnaire, keeping in mind that respondents give their detailed information on antecedent of conflict, during conflict, and after-effect of conflict in work and family both the situations and with different individual through describing a situation for each case. Concisely, the questionnaire was designed for collecting information on demographic (personal, family and professional) as well as detailed incidents of conflict what the respondents experienced themselves.

2.2 Participants

General instructions in the Questionnaire invited Indian participants having at least three years of work experience, irrespective of their profession, type of organization or employer, designation or rank, age, gender, marital status and family type. Researchers received 172 responses of which 150 completed responses were only used for analysis. The remaining incomplete Questionnaire data were discarded. It was selected the age group of 30-59years of male and female. They are currently in manufacturing or services or public utilities organization of public or private or multinational company ownership

with the designation of junior or middle or senior manager holding the current designation between 0 to 14 years and having total experience of 3 to more than 12 years. They are coming from joint or nuclear family background of married (0 to more than 15 years having no child or only one child or more than two children), unmarried or separated/widower/widow (within 5 years or between 5 years to 10 years having no child or only one child).

2.3 Analysis

The analysis of responses to the questionnaires was concerned about identification of participants' experiences, reactions toward conflict and its adverse effects. Following grounded theory approach, researchers content analyzed the raw data using the following steps: (a) *Identifying relevant text*: It was cut the text down to manageable proportions by marking main verbs/adjectives and adverbs/verb phrase through the text as applicable to the research objective. Researchers kept only the relevant text and discarded the rest from the analysis. (b) *Recurring ideas*: After the selection of relevant text, it was observed participants used the same or similar words, phrases, terms or views to express the idea. These ideas were called "recurring ideas" then assembled these recurring ideas and created a master list for each question. (c) *Construction of themes*: The key idea behind them was defined. Each idea consisted of a complete thought that could be interpreted from the statement. The category under which the key idea appeared to fall was identified. The category was based on researcher's own judgment. The categories helped to identify the constructs which could be considered for the conceptual model. The theme indicated the broad area that the category was related to. All this information was captured in Microsoft Excel worksheet for each participant. After identification and assembling of recurring ideas, researchers started to construct a theme which is an implicit topic that is clustered around a group of recurring ideas. (d) *Expert's opinion/coding*: Researchers presented the same set of 150 responses to five experts (three professional psychologists and two professors of Behavioural Sciences at a premier B school in India) who were not associated with the research and requested them to make recurring ideas and construct themes for each question, each expert created his/her files reflecting his/her selections of relevant text for each question. Similarly, each expert independently organized the relevant text into a list of recurring ideas as well as themes. (e) *Discussions with experts*: From the master-list, the results were presented and discussed with experts. The experts did not agree completely with the master list made by us. However, researchers gave rationale and appropriate logic for them to include each portion of relevant text under each recurring idea as well as each theme. A minimum of 80% inter-expert agreement (that is, 4 out of 5 experts) was taken for further analysis. (f) *Diagrammatic representation*: After finalizing recurring ideas and themes, researchers started to construct those ideas into a diagrammatic format. Researchers made diagrams, where possible on the bases of agreed themes. (g) *Construction of final diagram*: Like step-(d) Researchers requested the experts to make diagrams with the help of agreed recurring ideas and themes wherever possible. researchers presented in diagrams and explained the logic of theme construction to them. A minimum of 80% inter-expert agreement (that is, 4 out of 5 experts) was taken and the final model and related diagrams were thus made.

3. Results

Antecedent Conditions and Types of Conflict

Firstly, focused on the antecedent conditions of conflict of workplace and family, researchers obtained a number of antecedent conditions which triggered conflict. The analysis was identified these conditions into six categories namely, (a) communication, (b) organizational behaviour and structure, (c) nature of colleagues and subordinates, (d) skills of superior, (e) job profile related, and (f) previous interactions in work life, and three categories namely, (a) emotional, (b) interpersonal, and (c) differences in background in family life conditions.

The respondents experienced conflict mostly with colleagues (46%) followed by superiors (34%) and the least with subordinate (20%). In work life, this was exemplified in communication related conditions by distortions and misunderstandings ('did not understand given instructions'), hostility, dislikes, insults ('making jokes based on my activity'), intended distributive behaviour, ineffective and poor communication ('not giving any understandable instruction') one-way information sharing ('overlook our instructions'), low interaction representing the biggest sources of conflict. Organization behaviour and structure is exemplified by power struggle and capturing, closeness to power ('to become superior's blue eyed person'), power imbalances (giving power to inappropriate person'), creation of interdependence, status differences, preferential treatment of one side, and nature of colleagues and subordinates, as represented by cultural and background barriers (feeling of minority in my culture), unhealthy competition and fights, mistrust back-stabbing ('harm others'), non-cooperative ('don't help others') and self-centered (don't bother beyond self'), are the next two dominant sources of conflict. On the other hand, skills of superior, represented by emotional bias, partiality or favoritism, indecisive nature of supervisor ('don't take right decision in right time'), lack of problem understanding, setting incompatible goals ('target unrealistic goal setting'), authoritative nature of supervision ('pulling to become his/her follower'), overlooking suggestions, lack of recognition for good work ('don't do any praise'), overlook contributions, partiality in giving perks, promotions etc., job profile related, exemplified by work overload, stereotypical and lack of variety or challenging job profile, working with

multiple job profiles, unclear job requirements, job security, inequality in job responsibility, scarce resources and ambiguity, previous interactions, represented by past failures to reach agreement, past history of conflict, deadlock due to conflicting behaviours.

The participants experienced conflict with their spouse the most (48%), followed by their in-laws (21%), their parents (18%), and others (13%) in family. Emotion related conditions, for example, discovery of flagrant infidelity, aggressive verbalization ('quarrel seriously in aggressive mode over very minor issues'), mute, affective indifference ('no expression in different situation'), incompatible characters/emotions, frustration, outburst in negative ways ('always outburst against me'), absolute statement, dishonesty (making illegal steps for his favor'), domination/autocratic ('force to become a follower'), subjugation, overbearing, sense of exploitation, negative attitudes ('negative in all conditions'), disparagement and disappointment, offences and violence ('beating me on small issues'), verbal and physical abuse, calumny, immoral behaviour, lack of responsibility ('don't take any responsibility in household'), are the major source of conflict and interpersonal related conditions, for example, professional competition ('comparing me in professional life'), setting inappropriate norms ('setting some rules-don't do this, don't do that'), boring routine ('making me 24x365 machine'), selfish way of spending ('does not gift or spend any single rupee for other'), enduring economic problems ('making false economic crisis'), bad habits: smoking, drinking, gambling, extra marital habits, irrational thinking, high aspiration with little actual capacity ('setting an impossible target and run towards that'), engagement in other things, such as office work at home, internet, misunderstanding of attitudes and vocation, act as dominant triggers of family conflict experienced by participants. On the other hand, remaining participants experienced conflict due to differences in background conditions, for example, academic and professional background, opinions, personality, interest, excessive sociability and solitude.

Results also revealed four different types of conflict, that is, (a) work to family conflict, exemplified by arousal of conflict at workplace leading to experience of conflict in family, (b) family to work conflict, for example, arousal of conflict in family leading to experience of conflict at workplace, (c) workplace conflict, for example, experiencing conflict only at workplace but not in the family, and (d) family conflict, for example, experiencing conflict only in the family but not at workplace. Participants mostly (50%) experienced work to family conflict, 40% experienced family to workplace conflict, 8% experienced only work conflict, and 2% experienced only family conflict. Results thus overwhelmingly indicate that experiencing conflict in one place (work/family) either leads to or shifts to another place (family/work). Results also further indicates that the experiencing of conflict in one place (either from workplace or family) plays a catalytic role in most of the cases by an individual lead to emergence of the conflict in another place. A very few participants are able to overcome the interface effect of work-family conflict. A possible reason that, they can restrict the residual effect of one conflict to another, so they use like a 'safety valve' in every conflict situation to restrict 'shifting' effect of one conflict to another ('forget everything when I change my place', wipe out all kind of conflict when I come out from the situation', 'all the time keeping in mind there should not be a shifting effect'). Results also indicate the satisfactory proof of the first research question of the research.

Feelings after Conflict

It was identified three categories of feelings: aggression, depression and passivity. Both aggressive and depressive, participants went through certain phases. First, they demonstrated a tolerance level where a participant feels rigidity in aggression side whereas feelings of disturbance and isolation in depression side. But within the tolerance level, participants went through different types of feelings such as they became reactive, impulsive, impatient and irritated which further turned into uncontrollable aggression, and in case of depression, within the tolerance level, participant became frustrated, scary, suffocated, hopeless, helpless, tired, guilty and distressed which further turned to uncontrollable depression.

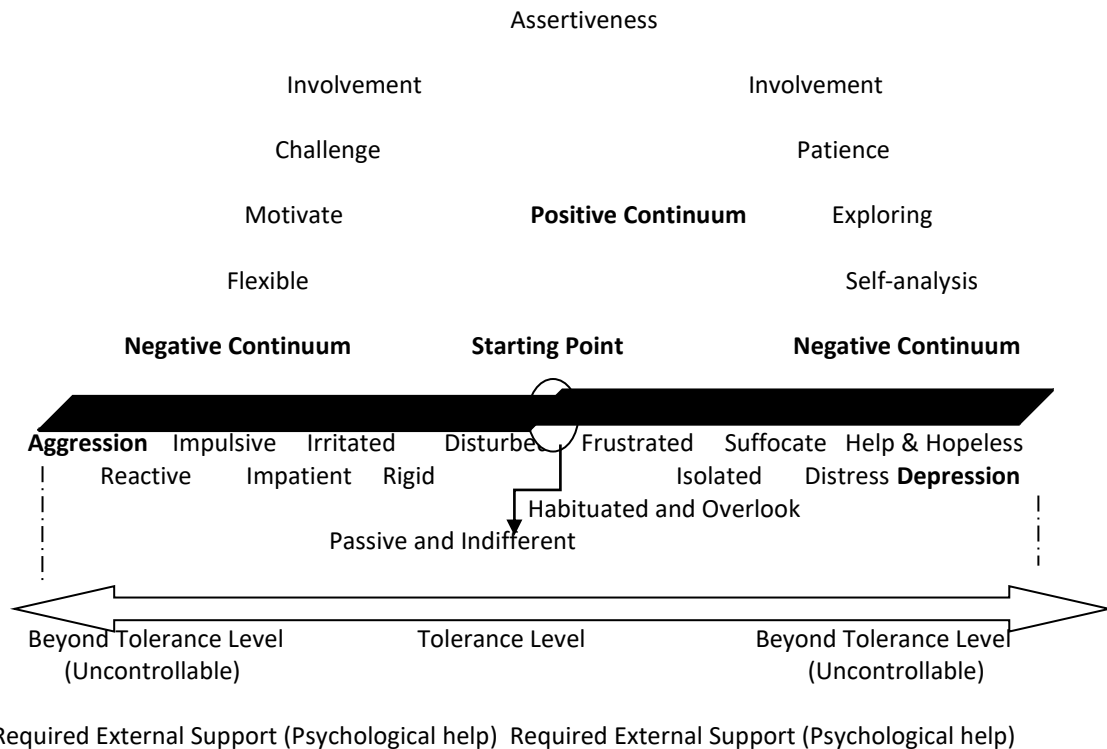
Some of the participants, after getting aggressive, felt repentant and tried to transit from negative to positive. They became flexible, motivated, took and set challenges, tried to be more involved and finally turned to assertiveness. Similarly, after getting distressed and depression some of the participant tried to transit from negative to positive. They analyzed themselves, exploring their previous incidents, kept patience, and tried to be more involved and finally turned into assertive behaviour. The recurring, repetitive, and uncontrollable depression and aggression required external and professional psychological help.

The third feeling is passivity where the participant is not bothered about experiencing either sources of conflict or experiencing feelings emanating from conflict. To them, it is a habituation and regularization of a recurring and repetitive conflict. In behaviour, they overlooked and neglected the situation, and withdrew consciously from it. Results also indicate that the satisfactory proof to the second research question of the research.

Table 2: Frequency and Percentage of Levels of Post-Conflict Experience Feelings:

Level	Aggression related feelings and reactions	Depression related feelings and reactions	Passive Reactions
Total	68 (45.34%)	52 (34.66%)	30 (20%)
Within Tolerance Level	49 out of 68 (72.05%)	29 out of 52 (55.77%)	
Beyond Tolerance Level (Uncontrollable)	19 out of 49 (27.95%)	23 out of 29 (79.31%)	
Transit State	12 out of 19 (63.16%)	15 out of 23 (65.21%)	

Figure 2: Feelings within and beyond Tolerance Level, and Post-Conflict Experience Transition State of Individuals



Coping Responses to Conflict

Researchers classified all the coping reactions into 2(positive/negative) x2(towards self/towards others) x3(workplace/family/ both) model. After analyzing the responses given by respondent, the coping/ controlling mechanisms during situations, it was found two types of behaviour that is positive and negative towards self or towards others shown by respondent in only workplace or in only family or both the occasion. The responses showed that the outcome or manifestation of conflict does not always ensure reaction towards others but can be towards self also. The researchers discussed the coping mechanisms into the following categories- (a) negative manifestation at workplace towards self, (b) negative manifestation at family towards self and others, (c) positive manifestation at workplace towards others, (d) positive manifestations at family towards self and others, (e) negative manifestations at both workplace and family towards self and others, (f) positive manifestations at both workplace and family towards self and others. The researchers did not find other remaining combination of coping mechanisms.

In the case of negative manifestation at workplace, participants do repetitive behaviour ('do it number of times unnecessarily'), self-presenting or exhibiting ('making show off to divert others')(towards others), however on the other hand they reduced initiation and want to shift or transfer ('I fear that this situation may happen next time so escape')(towards self).

In the case of negative manifestation at family, participants experiencing conflict keep inaccessible ('I confine myself in closed room'), uncommunicative, doing self-harm ('biting my skin'), using maladaptive techniques (alcohol consumption, smoking etc.) towards self and towards others, they do illogical arguments ('I know I do arguments but cannot stop'), inappropriate

sexual behaviour towards their spouse ('doing sexual intercourse in a very wrong manner and at a very wrong time'), physical attacks and try to dominate or force others.

In case of positive manifestation at workplace, participants do their self-analyses ('try to recapture or thorough analyses'); explore their faults (towards self) and establish fresh targets and try again (towards others).

In case of positive manifestation at family, participants stick ('don't quit'), giving explanation ('why I did it'-explains'), setting agreeable issues ('setting mutual distribution of works with others') in case of towards others, whereas in case of towards self, participants understand mutually, distribute household works ('setting mutual distribution of works without knowing others') and wish to share their thought with other family members.

In the case of negative manifestation of both workplace and family, participants engage in unnecessary forcing ('make others become my followers'), attacking at personal level ('do fight and attack others to establish my view against others by hook or by crook'), make immediate angry reply, insult, show rigid gestures ('I am the boss so I show rigidity'), verbal aggression, use abusive language, physical aggression against others ('If you don't obey me I will do anything to (make you) obey me), inappropriate emotional gesture, teach a lesson/revenge ('I will teach a lesson until I am not in peace'), backstabbing, politicking, complain against others ('For my benefit or win I do anything'), all being part of manifestation towards others. On the other hand, in case of manifestation towards self, participants engage in withdrawal, not working properly for sometimes ('Feeling of not bothered so withdraw in all aspects'), setting unhealthy competition, physical aggression against self, feeling irritation and behave according to inappropriate social behaviour/misbehave, uncontrollable negative thoughts and behaviour ('I am not able to control my behaviour and misbehave').

In case of positive manifestation of both workplace and family, participants take challenges ('I take challenges which I cannot fulfill today'), seeking help from others ('agree I am not able to do single handedly, so taking help from others'), and following instructions ('Behave like a schoolboy following all instructions and commands given by others') (towards others) and, on the other hand, adjust immediately, do appropriate behaviour, and negate the odd thoughts, all being found as coping responses towards self. Results also indicate the satisfactory proof of the third research question of the research.

Table 3: Overt Manifestation (Direct and through Defense Mechanisms) in a Conflict Situation

Coping Reactions				
	Positive Reactions		Negative Reactions	
Locations	Behaviour towards self	Behaviour towards others	Behaviour towards self	Behaviour towards others
Workplace	Self analysis, Explore the faults, Retrying of same task	Reestablish the target	Reduced initiation, Want to shift/transfer	Self-presenting/Exhibiting, Repetitive behaviour
Family	Sticking, Giving explanation, Settling agreeable issues	Mutual understanding, Distribution of household works, Sharing of thoughts	Keep inaccessible, Uncommunicative, Doing self harm (biting), Maladaptive(alcohol consumption, smoking)	Illogical arguments, inappropriate sexual behaviour, Attacks, Domination/forcing
Both Workplace and Family	Adjust immediately, Do appropriate behaviour, Negate the odd thoughts	Take challenge, Seek help from others, Following instructions	Withdrawal, Not work properly sometimes, Setting unhealthy competition, Physical aggression against self, Feeling irritation, Uncontrollable negative thoughts and behaviour	Unnecessary forcing, Attacking personal level, Immediate angry reply, Making insults, Showing rigid gestures, Verbal aggression, Using abusive language, Physical aggression against others, Inappropriate Emotional gesture, Teach a lesson/ Revenge, Backstabbing, Politicking, Complain against others

Internal Covert Adjustments

Researchers classify the responses into three types of defense mechanisms: immature (25 among 60 participants,41.67%) includes acting out, fantasy, wishful thinking, idealization, passive or indirect aggression and projection; neurotic (21 among 60 participants,35%) includes displacement, dissociation, intellectualization, isolation, rationalization, reaction formation, regression, undoing and withdrawal; and mature (14 among 60 participants,23.33%) includes respect, moderation, patience, courage, humility, acceptance, gratitude, altruism, tolerance, mercy and forgiveness, anticipation, humor, identification, introjections, sublimation, suppression, emotional self-regulation and emotional self-sufficiency. Among the three types of defense mechanisms, immature and neurotic defense mechanisms are low in hierarchical order and do not lead an individual to an effective, efficient and successful conflict resolution. But the mature defense mechanisms are high in hierarchical order and lead the individual to effective, efficient and successful conflict resolution.

Table 4: Covert Adjustments made by individual during a conflict situation

Type of Defense mechanisms	Name of Defense mechanisms	Participant’s Responses
Immature	Acting out	‘Bursting all my emotions towards others’
	Fantasy	‘started to belief that nothing has happened’
	Wishful thinking	‘started to belief god will make everything normal’
	Idealization	‘started to belief I have no quality but others have’
	Passive aggression	‘started to show my aggression into physical objects’
	Projection	‘attributing my own unacceptable and unwanted thoughts to other’
Neurotic	Displacement	‘showing my all negatives towards safer place’
	Dissociation	‘started to modify and change my personal identity and designation’
	Intellectualization	‘forcefully avoiding emotions and focusing on intellectuality only’
	Isolation	‘staying alone for some time’
	Rationalization	‘convince myself no wrong has been done that all is or was all right through faulty and false reasoning’
	Reaction formation	‘try to convert my actual feelings into just my opposite-unacceptable, unwanted to acceptable and wanted’
	Regression	‘want to think my past days which are full of happy memories’
	Undoing	‘thoughts coming like sea-waves even some destructive or painful’
	Withdrawal	‘took away from all the events and interaction with others’
	Mature	Respect
Moderation		‘set a target within a reasonable limit’
Patience		‘try to set an endurance level during conflict’
Courage		‘confront conflict’
Humility		‘give a humble self-opinion to a person whom I felt conflict’
Acceptance		‘accept the reality without any distortion’
Gratitude		‘feeling of appreciation to people and events’
Altruism		‘help others unselfishly’
Tolerance		‘tolerate, tolerate and tolerate’
Mercy and Forgiveness		‘forgive the person’
Anticipation		‘started to plan in a realistic way’
Humor		‘make fun’
Identification		‘started to adopt other’s good and positive behaviour and character’
Introjections		‘started to self-analysis and identifying something to make me a part of that’
Sublimation	‘transfer my negatives towards positives’	
Suppression	‘consciously delaying to attend to an emotion and making possible to later access in an acceptable way’	
Emotional self-	‘ability to respond towards a conflict situation in a socially	

	regulation	tolerable manner'
	Emotional self-sufficiency	'not dependent to handle conflict on others'

Unsuccessful Resolution of Conflict Leading to Psychological Disorders

The unsuccessful resolution of conflict leads to adverse effects on the individual. Researchers found evidence of psychological disorders in cases of ineffective resolution of conflict. Researchers categorized the behaviours into types of psychiatric disorders: (i) adjustment related (6%) complained of subjective sense of numbing, detachment ('I don't like to participate and communicate with others'), absence of emotional responsiveness ('Don't give any emotional responses in an emotional situation'), reduction in awareness of surroundings ('I do not connect myself with my surroundings'), depersonalization; (ii) anxiety related (4%) complaining of inability to relax, tense, frightened ('I am scary all the time'), unsteady, hand sweating, terrified, feeling of choking, sweating, dizzy feeling, difficult breathing, nausea, unrealistic irrational fear, difficulty concentrating, fear of losing control, fear of being rejected, unable to control thoughts, confusion, blurred mind, inability to recall, blocking of speech, stuttering), (I am feeling unsteady/ feeling of confusion all the time/ unable to inhale/feeling of vomiting/confused about what I will say and behave/fear of losing application of my intelligence'), (iii) somatoform (2.67%) complaining of headache, back pain ('pain in my whole body in tense situation'), unnecessarily thinking about health ('burning sensation of my head/ my body'), no interest in sexual activity, menstrual irregularity ('suddenly I feel no interest in sexual activity');(iv) mood related (2.67%) complaining of loss of appetite ('I don't want to take food'), insomnia, psychomotor retardation, fatigue ('I always feel tired'), feelings of worthlessness ('I do not do anything'), guilt, suicidal thoughts ('I am worthless, I commit suicide'),irritable mood, elevated, paranoid ideas ('Someone keeps watching me everywhere'), euphoric expansive mood ('I am in a happy world'), and (v) schizophrenia (0.67%) complaining of hallucination ('Aliens come for supporting me'), delusion, derailment of association, emotional flattening, asocial ('keeping himself confined in a room'), significant cognitive impairment ('I am not able to think step by step'). Currently, 16% participants are under psychiatric (through medication) or psychological help (through therapy or counseling) or both. Though the number is not very high for going for professional help that is psychological or psychiatric treatment for unsuccessful resolution of conflict, but the results indicate the satisfactory proof of fourth research question of the research.

4. Discussions and Implications

The study represents a first attempt of its kind to identify the connection between conflict and psychological disorders in the context of collectivistic societies like India. In collective societies, the family structure, role definitions and work pressures for women and men are very different from individualistic societies. Cultural values may add complication to conflict processes. Furthermore, in collectivistic societies like India, psychological problems are mostly neglected. The unsuccessful conflict resolution and intolerance of any extreme negative feelings are not considered for referral to therapeutic treatment. It is evident from the findings that conflict, irrespective of its type has adverse and, in some cases, extremely adverse effect on individuals which may not be controllable with the help of his/her learned coping styles. This study shows that psychiatric treatment or psychological help may be a good move to deal with the extreme cases.

The present work has implications for researchers, and practicing industrial psychologists and managers on the one hand, and the clinical psychologists and psychiatrists on the other hand. First, need greater empirical support to bridge the relationship between conflict and coping, and unsuccessful resolution leading to psychological disorders. Empirical research in this direction will provide the concrete evidence of the impact of feelings throughout the process, from antecedent to successful or unsuccessful resolution of conflict. This will provide an opportunity to analyze the behaviour of an individual in a conflict situation, especially his/her behaviour. Second, most of the previous researches were focused on work-to-family conflict or family-to-work conflict, or conflict within the family, or at the workplace only but these four facets of conflict were never compared so comprehensively. Working professionals often face difficulty to handle different conflict afflicted persons for different reasons. They either often lack the information or do not understand how to deal with them. The issue of conflict handling is relevant for working professionals, both men and women as well as for homemakers. The awareness of antecedents of conflict at home or work restricts them to engage in any wrong steps thereby helping them to be more conscious about their actual behaviour.

Future research can extend the present research in several ways. Firstly, many of the relationships among variables outlined in the model have not been examined previously, so future research should attempt to validate the findings. Longitudinal data will increase the importance of this type of research. The data collection through social-media sites is not ideal; therefore, direct method of data collection will give the added advantage. Although obtained useful demographic information regarding the family and work setting of respondents, researchers were not able to deploy statistical analysis due

to smaller size of different segments of demographic data. The meditational processes assumed to underlie many of the individual relationships is another area to be examined in future research.

Another avenue of future research is the variety of adverse outcomes of work-family conflict. The extremity of the outcome and their follow up should be included in future research. The information on psychiatric consultation and psychological counseling is helpful on the issue should be handy for this type of research.

5. Conclusion

Contributing a re-conceptualization of work and family conflict tracing the typology of antecedents of conflict at workplace, at family or both, the moderating variables of time or personality factors, the mediating effects of feelings generated and overt manifestation and covert adjustments of individuals, it is presented a 2x2x3 model of types of coping reactions- positive or negative, directed towards self or others, and location- workplace, family or both, and adverse consequences like psychological disorders. The researchers integrate the above concepts in a theoretical model of work and family conflict management and also provide diagnostic indicators of stages of affective experiences of tolerable limit, disturbed state, distressed and depressed state on the one hand and tolerance limit, rigidity and reactive aggressive state on the other, thereby helping professional psychologists and psychiatrist.

References

- [1] Asghar M., Gull N., Bashir M., & Akbar M. (2018), The Impact of Work Family Conflict on Turnover Intentions: The Moderating Role of Perceived Family Supportive Supervisor Behavior. *Journal of Hotel & Business Management*, 7, 1-11.
- [2] Frone, M. R., Russell, M., & Cooper, M. L. (1997), Relation of work-family conflict to health outcomes: A four-year longitudinal study of employed parents. *Journal of Occupational and Organizational Psychology*, 70, 325-335.
- [3] Jones, T. S. (2000), Emotional communication in conflict: Essence and impact. In W. Eadie & P. Nelson (Eds.), *The language of conflict and resolution*, 81-104, Thousand Oaks, CA: Sage.
- [4] Piko, B., Mihalka M. (2018), Study of Work-Family Conflict (WFC), Burnout and Psychosocial Health Among Hungarian Educators, *Central European Journal of Occupational and Environmental Medicine*, 24 (1-2), 83
- [5] Sharma, J., Dhar, R.L., & Tyagi, A. (2016), Stress as a mediator between work-family conflict and psychological health among the nursing staff: Moderating role of emotional intelligence. *Applied Nursing Research*, 30, 268-275.
- [6] Vaillant, G. E. (1993), *The wisdom of the ego*. Cambridge, Mass. Harvard University Press.
- [7] Weingart, L. R., Behfar, K. J., Bendersky, C., Todorova, G., & Jehn K. A. (2015), The Directness and Oppositional Intensity of Conflict Expression, *Academy of Management Review*, 40, 235-262.