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Adult family relationships in the context of friendship

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Abstract

The present study examined the complex way in which relationships with family and friends shape health and well-being in adulthood over time. Specifically, we explored whether the longitudinal effects of positive and negative family relationship quality on health and well-being differ in the context of varying levels of positive friend relationships. Data were from two waves (1992/1993 and 2005) of the Social Relations, Aging and Health Study. The sample included respondents aged 18 and older at Wave 1 who reported having a best friend at both waves ($N = 455$), and consisted of 291 (64%) women and 164 (36%) men. Wave 1 friend positivity and family positivity interacted to predict self-rated health but not self-esteem, indicating that among respondents with a less positive friend relationship, more positive family relationships were related to worse health at Wave 2. Wave 1 friend positivity and family negativity significantly interacted to predict self-rated health and self-esteem at Wave 2. The nature of the interactions were consistent in that among respondents with a more highly positive friend relationship, less negative family relationships were linked to better health and self-esteem at Wave 2. Findings provide insight into the complex way in which social relations impact positive outcomes in adulthood. Previous studies have documented the consistent and straightforward manner in which negative relationships impact health and well-being, whereas this study illustrates that the role of positive social relations is more variable and dependent on multiple relationship contexts.

Keywords

Support quality; family; friendship; adulthood; health; self-esteem

An increasing body of research examines the role of adult social relationships in shaping later-life well-being. Much of this research focuses specifically on the role of family relations. However, the influence of friendship ties on well-being is less well understood. Family relationship quality is often reported as ambivalent, with simultaneous high positivity and high negativity; whereas, friendships are often predominantly positive with little negativity. This is likely due to the non-permanent and non-obligatory nature of friendship (Antonucci, Akiyama, & Takahashi, 2004). Despite distinctions in the nature of family and friend relationships, the quality of both family and friend ties predicts well-being (Berkman, Glass, Brissette, & Seeman, 2000).

There is little understanding of the potential interaction of family and friend relationship quality and its ability to lead to the development of more positive well-being. For instance, does the positive quality of friendship ties moderate the link between family relationship quality and well-being? Previous literature has examined the interaction of the spousal and friend relationships in predicting well-being (Walen & Lachman, 2000), but there is a lack of research on the interaction of the quality of friendship ties and the broader family network. This study explores whether family positivity and negativity interact with friend positivity to predict higher levels of well-being. Specifically, we examine if positive friend relationship quality moderates the effect of both positive and negative family relationship quality.

Theoretical Perspective

The Convoy Model of Social Relations (Antonucci, 2001; Kahn & Antonucci, 1980) proposes that social relationships are dynamic, changing over time, and influenced by personal and contextual factors. A *convoy* is a network of social partners who may provide support and engage in other interpersonal interactions. A convoy has the potential to influence an individual's well-being and development across the lifespan. Convoys generally consist of a combination of family and friends who provide varying levels, types, and quality of support. Relationship quality includes positive aspects such as affection, enjoyment, and encouragement as well as negative aspects such as irritation, conflict, and burden (Antonucci, 2001). As demonstrated in Figure 1, positive and negative qualities of relationships are two distinct constructs, resulting in some relationships exhibiting both positive and negative aspects simultaneously (Newsom, Nishishiba, Morgan, & Rook, 2003).

The stress buffering model (e.g. Cohen & Wills, 1985) asserts that social relations may protect against the negative impact of stress on well-being. For instance, having someone to confide in may reduce stress levels and thereby reduce the potential effect of stress on well-being. In addition to testing whether positive friendships have a protective effect against family strain, this study also seeks to examine whether friendship has an additive effect, thereby enhancing the effect of positive family relationships on well-being.

Relationship Quality and Well-being

Multiple studies document that relationship quality has a greater influence on well-being than do the structural characteristics of one's support network such as network size and composition (Antonucci, 2001). The effect of positive relationship quality on well-being is inconsistent, with some studies showing a beneficial impact (Walen & Lachman, 2000) and others no influence (Newsom, Nishishiba, Rook, Sorkin, & Mahan, 2005). In contrast, previous studies have consistently found that negativity has a strong and long lasting detrimental effect on well-being (Newsom et al., 2003). Moreover, multiple studies demonstrate that stressful components of relationships have a larger effect on well-being than supportive components (Kawachi & Berkman, 2001; Turner & Avison, 2003).

A great deal of research on the effect of social relations on well-being focuses on negative outcomes such as disease (Berkman et al., 2000; Stewart, 2009), depression (Thoits, 2011) and mortality (Antonucci, Birditt, and Webster, 2010). In the current study we examine how the positive aspects of the friendship tie can alter the impact of family ties on the development of positive well-being in adulthood.

Quality of Family Relationships

While much of the research on social relations focuses on parental and spousal ties (Antonucci, 2001), a growing body of research explores the importance of multiple family members for well-being (Litwak, Silverstein, Bengtson, & Hirst, 2003). A burgeoning body of research suggests that not only the number of family providing support but the quality of relationships with family plays an important role in well-being (Merz, Schuengel, & Schulze, 2009), increasingly so throughout the adult lifespan (e.g. Grundy & Henretta, 2006).

The provision of social support, such as emotional support or instrumental assistance is a key characteristic of family relationships across the lifespan. During adulthood, the spousal relationship and parent-child relationship are salient in the provision of support (Antonucci, 2001). Numerous studies demonstrate that greater emotional support from family is associated with better well-being in late-life, although, interestingly, increased instrumental support from family is associated with lower well-being (Merz & Consedine, 2009; Reinhardt et al., 2006; Zunzunegui et al., 2001). This may be related to the fact that family tends to provide increased support during times of stress and illness.

Despite evidence of high positivity in family relationships, there is also evidence of high negativity, suggesting a prevalence of ambivalence among family relationships. Negative family quality varies across relationship type, with the spousal relationship generally exhibiting the most negativity. Relationships with parent and child tend to become less negative over time; whereas, in the spousal relationship, levels of negativity either remain stable or increase over time (Birditt, Jackey, & Antonucci, 2009). Negativity across family relationships has a consistent negative impact on well-being (Krause & Rook, 2003). Negativity is thought to be more frequent in family relationships because of greater frequency of contact that increases the potential for strained interactions (Akiyama et al., 2003). Family relationships tend to be obligatory and permanent compared to friend relationships because they are legally or biologically based (Litwak et al., 2003). As a result, they are more likely to be sustained regardless of negative qualities (Antonucci et al., 2004).

Quality of the Friendship Tie

Despite recognition that the role of friends in social convoys varies across the lifespan (Blieszner & Roberto, 2012), the majority of research on friendship ties focuses on childhood and adolescence (e.g. Crosnoe, 2000). However, the importance of friendships for health and well-being throughout adulthood has been increasingly recognized in recent years. Friendships in adulthood are characterized by caring, self-disclosure, loyalty and trust, shared interests, values, and pastimes (Adams, Blieszner, & de Vries, 2000). Though the number of close friendships tends to decrease with age, adults consider the support received from friends to be unique and important throughout the lifespan, placing particular emphasis on the support of a best friend (Blieszner & Roberto, 2004). While there is variation in the patterns of support received from friends across adulthood, friendship strains tend to decrease over time (Birditt et al., 2009) and levels of positive support tend to remain stable or increase (Newsom et al., 2005). Unlike family relationships that are often maintained even if they are negative, there is a greater tendency to end friendships that are overly negative.

Despite increased interest in patterns of friendship in adulthood (Birditt and Antonucci, 2007), the way in which the quality of these friendships influences well-being is not well understood. Some research indicates that merely having a best friend, someone you can confide in, is beneficial for well-being (Birditt & Antonucci, 2007). Presumably, this association is indicative of the role of positive qualities of the friend relationship. Antonucci,

Lansford, and Akiyama (2001) reported gender differences in the effect of friend positivity, with women's well-being benefitting from greater friend positivity. Some evidence suggests that particularly in late-life, supportive friendships may promote good health and well-being (Gallant, Spitze, & Prohaska, 2007; Roberto & Husser, 2007). However, it is unclear whether the positive aspects of the friendship tie can enhance the impact of other relationships when they are positive or protect against the effects of negative and stressful relationships.

Interaction of Family and Friend Relationship Quality

Studies of relationship quality have explored whether family or friend relationships are more important for a range of outcomes including mortality (Antonucci, Birditt, & Webster, 2010) and well-being (Antonucci et al., 2001). For instance, Antonucci and colleagues (2001) found that the quality of the marital relationship was more closely associated with well-being than the quality of a best friendship. However, very few studies examine how family and friend relationships interact in adulthood. In one such study, Walen and Lachman (2000) found that for women only, positive friend relationship quality buffered the effects of marital strain on well-being. A similar study found that support from a close friend buffered the negative effect of marital strain on marital satisfaction only when the strain was minor (Proulx, Helms, Milardo, & Payne, 2009). Birditt and Antonucci (2007) found that the quality of the spousal relationship is more important for the well-being of adults who lack a best friend than for individuals with a best friend. These findings suggest that friends, and more specifically the positive aspects of friendships, may be protective against marital strain. Although this research provides an interesting basis for understanding the role of friendship, these findings do not inform us about the role of friendship in the context of other family relationships. By focusing on the role of friendship in the context of marital and family strain, the research explored only the protective effects, not the enhancing or additive influence of friendships.

The current study seeks to expand on previous research in two ways. First, we examine the moderating effect of positive friend relationship quality in the context of a broad array of family relationships (i.e., including mother, father, child, and spouse/partner). Previous research documents the role that relationship quality with specific family members (i.e., spouse/partner, child) or a singular overall report of family relationship quality plays in shaping well-being. The current study is unique in focusing on general close family relationship quality by combining the ratings of specific family members. Respondents rated their immediate family relationships separately. These separate ratings were then combined into an overall score. The purpose and unique contribution was to provide a more complete understanding of how the higher-level family system shapes well-being outcomes. Second, in addition to testing the protective effect of friendship in the context of family strain (i.e., negative family relationship quality), we also examine if a more positive friend relationship can enhance the long-term effect of positive aspects of family relationships on health and well-being.

The Present Study

The present study examines whether positive friend relationship quality moderates the link between both the positive and negative aspects of family relationship quality and well-being over time. This study had two primary objectives. First, we sought to determine whether there is an additive effect of friend positivity and family positivity in predicting adults' positive well-being over time. For instance, do people have better well-being when they have more positive relationship quality with a best friend and their family? Based on previous literature, we hypothesized that an interactive effect would be present, in that

higher positive family relationship quality in the context of a more positive friend relationship would lead to better self-rated health and higher self-esteem over time. Second, we sought to examine if friend positive relationship quality is protective in the context of negative family relationships. For example, can a more positive friendship reduce the negative effects of high family negativity on well-being? Specifically, we hypothesized that high friend positivity paired with low family negativity would predict better self-rated health and self-esteem over time. Moreover, we expected a protective effect, in that for individuals with high family negative quality, high friend positive quality would predict greater well-being compared to those with high family negative quality and lower friend positive quality.

Method

Procedure

The current sample was drawn from the longitudinal Social Relations, Aging and Health Study (Antonucci 1992; 2005). At the first wave, collected from 1992–1993, a two-stage area probability sampling design was used to randomly select a regionally representative sample from the Detroit metropolitan area. The sample of 1,703 respondents aged 8 to 93 included an oversampling of people 60-years-old with a 72% response rate (Antonucci, Akiyama, & Takahashi, 2004). At the second wave (2005) 1,076 of the original respondents participated, three hundred twenty had deceased; the remainder were lost to follow-up, refused, or were unable to participate resulting in a follow-up response rate of 78%. The study was approved by the University of Michigan Behavioral and Social Science Institutional Review Board. After signing informed consent forms, participants were interviewed in their homes for approximately 1 hour. The second wave interview was conducted by telephone and also lasted about 1 hour.

Participants

Respondents aged 18 at the time of original data collection (1992) who reported having a best friend at both waves, were selected from the larger study ($N = 455$). The sample consisted of 291 (64%) women and 164 (36%) men. At Wave 2 the selected participants were between the ages of 26 and 93 with a mean age of 54.4 ($SD = 15.3$). A majority of the sample (76%) identified their race as *White* ($N = 347$), 23% identified as *Black* ($N = 104$), and 1% ($N = 4$) identified as *Hispanic*, *Native American*, *Asian*, or *Other*. Respondents reported an average of 13.2 years of education (6 to 17+; $SD = 2.3$).

Measures

Friend Positive Relationship Quality—At Wave 1, participants rated the positive aspects of their relationships with their best friend. The friend positive quality scale included two items (Akiyama et al., 2003): “I feel my (*friend*) supports me, that (*he/she*) is there when I need (*him/her*)” and “I feel my (*friend*) encourages me in whatever I do”. Each item was measured on a 5-point scale ranging from 1 (*disagree*) to 5 (*agree*). The items were averaged to create a positive friend relationship quality scale (Cronbach’s $\alpha = .51$). Respondents reported a mean Wave 1 friend positivity score of 4.8 ($SD = .48$).

Family Positive and Negative Relationship Quality—Participants rated both the positive and negative aspects of their family relationships, including four immediate family members (spouse/partner, mother, father, and child) at Wave 1. Participants with more than one child were instructed to report on the child (age 13 or older) whom they relied the most. Each item was measured on a 5-point scale ranging from 1 (*disagree*) to 5 (*agree*). Separate composite scores were created for Positive and Negative Family Relationship Quality by averaging the two-item scores across the four reported relationships. In order to allow for the inclusion of individuals lacking any of these relationships, if a respondent was missing one

or more of these four family relationships, composite family quality scores were calculated by averaging only the reported relationships. At Wave 1, 23% of the sample reported having all four immediate family members, 27% had three, 37% had two, and 13% had just one.

The family positive quality scale included the same two items as the positive friend scale (Akiyama et al, 2003): “I feel my (*family member*) supports me, that (*he/she*) is there when I need (*him/her*)” and “I feel my (*family member*) encourages me in whatever I do”. The items were averaged to create a positive family quality scale (Cronbach’s $\alpha = .60$). Respondents reported a mean Wave 1 family positivity score of 4.5 (SD = .65). The family negative quality scale included two items (Akiyama et al., 2003): “My (*family member*) gets on my nerves” and “My (*family member*) makes too many demands on me”. The items were averaged to create a negative family quality scale (Cronbach’s $\alpha = .72$). Respondents reported a mean Wave 1 family negativity score of 2.6 (SD = 1.0).

Self-rated health—Self-rated health was assessed at Wave 1 and Wave 2 with a single item: “How would you rate your health at the present time? Would you say it is excellent, fairly good, average, not very good, or poor?” (1 = poor to 5 = excellent). Respondents reported a mean self-rated health score of 4.0 (SD = .93) at Wave 1 and 3.8 (SD = .94) at Wave 2.

Self-esteem—Rosenberg’s 10-item Self-Esteem Scale (Rosenberg, 1965) was used to assess self-esteem at Wave 1 and Wave 2. The scale includes items such as “I feel I am a person of worth” and “I feel I do not have much to be proud of”. Responses were given on a five-point Likert-type scale, and coded so that higher numbers reflect higher self-esteem, and were summed to create a total score (Cronbach’s $\alpha = .73$). Respondents reported a mean self-esteem score of 36.0 (SD = 3.9) at Wave 1 and 42.2 (SD = 4.3) at Wave 2.

Demographic controls—Social support and well-being have been shown to vary by gender, age, race, and socio-economic status (SES) (Antonucci, 2001), and thus these were included as control variables in all analyses. Gender was coded as 0 (*Male*) and 1 (*female*). Age was a continuous variable ranging from 26 to 93. Race was coded as 0 (*Not White*) and 1 (*White*). Years of education was a continuous variable ranging from 6 to 17+.

A Pearson’s correlation matrix of all study variables is included in Table 1.

Analysis Strategy

Hierarchical linear regression analyses were used to address this study’s two research questions with separate analyses testing the additive and protective moderating effects. Separate analyses were conducted to examine each of the two outcomes and were performed in three steps. The first step tested the association of demographic control variables (i.e., gender, age, race, and education level) and the matched Wave 1 well-being measure with the Wave 2 well-being outcome. Step two added Wave 1 friend positive relationship quality and Wave 1 family positive/negative relationship quality, testing the main effects of friend and family quality at Wave 1 predicting well-being at Wave 2. Finally, step three included the interaction (i.e., mean-centered product term) of Wave 1 friend positive quality and family positive/negative quality, examining moderating effects in predicting well-being at Wave 2. To explore significant interactions, general linear models were performed post-hoc to test the significance of the slopes within levels of the moderating (i.e., friend positivity) variable. To examine the impact of friend positivity’s non-normal distribution on study findings, we performed a normality transformation (i.e., inverse) on the variable and replicated all analyses using the transformed version of the variable. The results were largely the same;

therefore, we present the results from the analyses using the original variable to allow for interpretation of findings on the original scale.

Results

We begin by presenting demographic and relationship quality main effects on well-being. Then, we present the moderating effect of friend positivity on the link between family positivity and well-being (Research Question 1). Finally, we examine the moderating effect of friend positivity on family negativity as it predicts well-being (Research Question 2).

Main Effects

In Tables 2 and 3, Step 2 of the models indicates all demographic and relationship quality main effects.

Demographics—Gender and race were not significantly associated with self-rated health or self-esteem when relationship quality variables were included in the model. Older participants reported significantly lower self-rated health ($b = -.01, p < .05$) and self-esteem ($b = -.03, p < .01$) than younger participants. Respondents with more years of education reported better self-rated health ($b = .04, p < .05$), but education was not significantly associated with self-esteem.

Relationship Quality—Examination of the main effects of family and friend relationship on self-rated health indicated that greater friend positive quality at Wave 1 was associated with greater self-rated health at Wave 2 (Table 2: $b = .25, p < .10$; Table 3: $b = .24, p < .01$). There was a trend towards greater family positive quality at Wave 1 predicting greater self-rated health at Wave 2 ($b = .02, p < .10$). Wave 1 family negative quality was not significantly associated with Wave 2 self-rated health. Tests of main effects for self-esteem were not significant, indicating no association between friend positivity or family positivity/negativity and self-esteem over time.

Research Question 1: Does friend positivity moderate the link between family positivity and well-being?

Step 3 of Table 2 indicates the interactive effects tested in Research Question 1. As hypothesized, the interaction of Wave 1 friend positive relationship quality and Wave 1 family positive relationship quality significantly predicted self-rated health at Wave 2 ($b = .25, p < .05$). The significant interactive effect is demonstrated in Figure 2a. Post hoc analyses indicate that for individuals with a high positive friend relationship, positive relationship quality with family had no effect on self-rated health. However, among individuals with a low positive friend relationship, more positive family relationships were associated with worse self-rated health ($b = -.36, p < .05$) over time. The nature of the interaction was inconsistent with our hypothesis that individuals with high friend and family positivity would have the highest self-rated health. Instead, these findings suggest that less positive friendships may be detrimental in the context of highly positive family relationships.

Contrary to our hypothesis, there was no interaction between Wave 1 friend positivity and Wave 1 family positivity predicting Wave 2 self-esteem. This finding suggests that the positive aspects of relationships are not predictive of adult self-esteem over time.

Research Question 2: Does friend positivity moderate the link between family negativity and well-being?

Results for research question 2 are presented in Step 3 of Table 3. Consistent with our hypothesis, the interaction of Wave 1 friend positivity and Wave 1 family negativity significantly predicted Wave 2 self-rated health ($b = -.25$, $p < .01$). The significant interaction is demonstrated in Figure 2b. Post hoc analyses indicate that for individuals with a low positive friend relationship, family negative relationship quality had no effect on self-rated health. However, among individuals with a high positive friendship, less family negativity was associated with better self-rated health (slope: $b = -.25$, $p < .05$). This finding supports our hypothesis that individuals with high friend positivity and low family negativity would report the best health. However, these findings do not support our hypothesis of a protective effect as there was no significant main effect of family positivity predicting self-rated health among individuals with high friend positivity.

As hypothesized, the interaction of Wave 1 friend positivity and Wave 1 family negativity significantly predicted Wave 2 self-esteem. This significant interaction is presented graphically in Figure 2c. Post hoc analyses indicate that for individuals with low friend positivity, there was no main effect of family negativity predicting self-esteem. However, among individuals with high friend positivity, lower family negativity was associated with better self-esteem (slope: $b = -1.43$, $p < .01$). This finding supports our hypothesis that individuals with high friend positivity and low family negativity would report the highest self-esteem. However, similar to the finding for self-rated health, post-hoc analyses indicated no support for the hypothesis of a protective effect for high friend positive quality given the lack of a main effect for family negativity.

Discussion

The goal of this study was to illuminate the role of family relationship quality in shaping positive outcomes in adulthood in the context of friendships. We focused specifically on the contextualizing role of positive friendship quality because friendships are generally positive due to their non-obligatory nature.

In the current research literature, the potential for positive support from multiple sources to have an enhanced effect on well-being has not been adequately explored. While there is ample literature addressing the protective or buffering effects of social support in stressful situations (Cohen & Wills, 1985; Thoits, 2011), there is scant research exploring the effect of positive social support in the context of good/positive situations. In the current study, we examined if there was an interactive effect in which adults with highly positive family relationships and friendships would report better well-being over time than individuals with high positive quality in only one or neither relationship type. The results did not support the hypothesis that motivated our first research question; however, though unexpected, the results highlight interesting longitudinal findings.

In addition, in accordance with the literature on the protective effects of social support (Thoits, 2011) we hypothesized a protective effect of high friend positivity quality in the context of high family negativity. Previous studies that have examined the protective effect of social support have typically examined the effect of social support in the context of stressful life events. This study expands this focus beyond the idea of protection against stressful events to test if there is an added benefit of positive relationships in the context of other good relationships.

Friend and Family Relationship Quality Predicting Self-rated Health

The health benefits of having highly positive relationships have been well documented in the literature (Antonucci, 2001; Berkman et al., 2000), however it is less well understood how varying levels of positive relationship quality impact well-being (Newsom et al., 2003). In our first research question we hypothesized a moderating effect of friend positivity; however, a seemingly counterintuitive effect resulted instead. For individuals with lower friend positive quality, those with higher family positive quality rated their health worse over time. Our hypothesis asserted that individuals with high positive family and high positive friend quality would report the best well-being. We also hypothesized that having high positive quality in at least one type of relationship would be better than having low positive quality in both relationships. Interestingly, this was not the case. Only individuals with low friend positive quality and high family positive quality had significantly worse well-being over time, suggesting this group experiences a unique long-term health risk.

A simple explanation for this effect is individuals with high family positive quality and low friend positive quality already had poorer health at Wave 1. It is well documented that people who are sick with chronic conditions have strong family connections, as well as weaker friendship ties (Cornwell, 2009). However, Wave 1 self-rated health was controlled for in the analysis indicating that the interpretation is more complex. We propose that individuals who report low positive quality in both friend and family relationships may have a generally less positive view of relationships regardless of type, and thus report less than perfect levels of positive quality across all of their relationships. If their expectations are met by lower levels of positive quality across relationships, there may be no negative effect on health, consistent with research demonstrating the benefits of realistic perceptions in adulthood (e.g. Lachman, Röcke, Rosnick, & Ryff, 2008). The particularly interesting aspect of the effect is that individuals with low friend positive quality and high family positive quality report poorer self-rated health whereas for individuals with high friend positive quality the level of family positive quality did not affect their self-rated health. This suggests that a lack of friend positivity may be particularly detrimental for health over time, adding an important piece of knowledge to the conflicting literature on the impact of positive relationship quality. Since friendship is highly valued in our culture, the key to this finding may be in what is preventing these individuals from having positive friend relationships. Are their families overpowering or overcontrolling, preventing the individual from acquiring or sustaining such positive relationships? Is there something about the individual that prevents them from acquiring and sustaining positive friend relationships? It should also be noted that this finding is consistent with Fiori, Antonucci, & Cortina's (2006) finding that a lack of diversity in relationships is associated with lower levels of well-being.

In the second research question, we proposed that a protective effect would exist, in that adults who report high negative family quality paired with high positive friend quality would experience little change in their health over time. Findings were not consistent with this hypothesized protective effect. Instead findings showed more of an enhancing effect in that friend positive quality did significantly moderate the association between family negative quality and health, with self-rated health being the highest for individuals reporting high friend positive quality and low family negative quality. Consistent with research literature demonstrating the health benefits of low family strain (Walen & Lachman, 2000), friend positivity was the most beneficial in the relative absence of family negativity.

The findings for self-rated health for each of our research questions present an interesting contrast. High positive family quality did not have an enhancing effect in the context of highly positive friendships, while high positive friend quality did enhance the positive effect of low family negative quality on well-being. This contradiction may be consistent with research that demonstrates stronger effects for the negative aspects of relationships on health

and well-being compared to the positive (Newsom et al., 2005). Moreover, this likely has specific implications for family support, suggesting that positive qualities such as encouragement and support are not as beneficial as refraining from being irritating or demanding.

Friend and Family Relationship Quality predicting Self-esteem

Theorists have emphasized the importance of social relations for self-esteem (e.g. Leary & Baumeister, 2000), yet research on self-esteem has typically been limited to adolescence and young adulthood. Numerous studies have demonstrated a strong positive link between family support (Baldwin & Hoffman, 2002; Dupont & Provost, 1999) and, to a lesser extent, friend support (Cambron, Acitelli, & Steinberg, 2010) and adolescent self-esteem. However, there is less research on the predictors of self-esteem during adulthood, and within this body of research there is much contradiction. Some studies suggest a positive association between social support and self-esteem in adulthood (Kinnunen, Feldt, Kinnunen, & Pulkkinen, 2008; Lee & Shehan, 1989); while others have found no connection between social support and self-esteem (Orth, Trzesniekski, & Robins, 2010). The current findings are consistent with both conclusions in the literature, yet provide a more nuanced understanding by exploring the interaction of friend and family support, and distinguishing between the unique roles of family positivity and negativity.

With regards to our first research question, the lack of significant main or interactive effects predicting self-esteem indicates neither friend nor family positive relationship qualities are influential with regards to adult self-esteem over time. When compared to the aforementioned research on adolescence, this finding is interesting because it suggests feelings about the self are less subject to external influences in adulthood. The lack of a finding in adulthood lends support to the idea that positive social support is the most influential when self-esteem is developing (during adolescence). This finding is consistent with studies finding no link between social support and self-esteem in adulthood (Orth et al., 2010).

Yet, the findings from our second research question are consistent with studies documenting an association between social support and self-esteem (Kinnunen et al., 2008; Lee & Shehan, 1989). For individuals with high friend positive quality, lower family negative quality was found to predict higher self-esteem over time. Though we hypothesized a protective effect, with high friend positive quality protecting against reduced self-esteem in the context of high family negative quality, these findings did not support such an effect. Instead, these findings indicate what amounts to an enhancing effect, in that highly positive friendships coupled with less negative family relationships leads to higher self-esteem. This finding demonstrates that self-esteem is influenced by relationship quality in adulthood, and more specifically suggests that self-esteem may be malleable in the context of more negative family relationships.

Limitations and Future Directions

The limitations of this study suggest important future directions for research exploring the contextualizing role of relationship quality for health and well-being. One limitation of this study was the relatively low internal consistency of the positive and negative relationship quality scales. While the reliability of these scales may be underestimated due to the inclusion of only two items for each construct (Carmines & Zeller, 1979), future studies should expand the measures of quality to include more breadth. In the same vein, an expansion of the support partners who are included in assessment of family relationship quality is warranted. While the inclusion of spouse/partner, father, mother, and child extends previous research, this could be expanded even further to include siblings, other (less relied

upon) children, and extended family. Such an expansion would be particularly relevant in the case of single, childless and parentless individuals. Furthermore, future research should include sufficiently sized samples to examine family quality both in aggregate as well as by each specific family relationship.

Future studies should also examine friendship in more depth. The friend quality measure only assessed quality with a single best friend. Future research could expand to examine quality among multiple friends or a group of close friends. Moreover, of 878 potential participants for this study, 455 had best friends at both waves, 286 only had a best friend at one of the waves, and 137 never reported a best friend. In accordance with our research question, only the 455 individuals with a best friend at both waves were selected for the current study. It is important to note that individuals with a best friend at both waves were more likely to be women, younger, White, and have higher self-esteem compared to individuals without a best friend at both waves. While the current study sought to examine the role of family in the context of friendship, future studies should address differences between individuals with and without best friends.

The present study focused only on health and self-esteem. Health, measured in this study with a single-item, was limited in scope; future studies should seek to include more comprehensive health measures with multiple indicators and dimensions (e.g., count of chronic conditions, functional health, etc.). Moreover, future studies should seek to include a broader range of positive well-being outcomes such as self-efficacy, optimism, etc. In order to develop a comprehensive knowledge of positive adult development and aging, it is essential that we not only understand how social support is related to disease and mortality, but also how it is associated with positive outcomes.

The current findings demonstrate the need to further explore how family and friend support interact throughout adulthood. While this study focused specifically on the quality of relationships, examinations of the function and composition of friend and family support networks and how they interact to predict well-being would be an important future direction. Additionally, though this study included age, gender, education, and ethnicity as covariates, it would be interesting to specifically address whether the interactions explored in this paper vary by these important demographic factors.

Conclusions

Despite these limitations, this study extends the social relations literature by providing insight into the long-term impact of friend and family relationships when considered simultaneously in an interactive fashion. Additionally, because these findings are among an age and ethnically diverse sample, they suggest similarities across the life course and among people of diverse ethnic backgrounds. Interestingly, the current study demonstrates long-term effects of the positive aspects of relationships when previous findings have mostly shown that it is the negative aspects of relationships that have a long lasting impact on health and well-being (e.g. Antonucci et al., 2010). This study offers insight into the complex ways in which social relations impact positive adult development. Where the impact of negative relationship quality is more straightforward, the role of positive social relations is more variable and dependent on multiple relationship contexts.

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Figure 1.
Relationship Quality Dimensions

Figure 2.
Interaction Effect of Friend Positive Quality and Family Positive/Negative Quality on Health and Self-Esteem

Table 1

Correlation Matrix of Study Variables

Variable	1	2	3	4	5	6	7	8	9	10
1. Sex										
2. Age	-.03									
3. Race	-.12***	.17***								
4. Education	-.10**	.06	.16***							
5. W1 Friend Positivity	.25***	.10*	-.03	.02						
6. W1 Family Positivity	-.03	.13***	.00	-.05	.09*					
7. W1 Family Negativity	.11**	-.30***	-.07*	-.11**	-.01	-.31***				
8. W1 Self-Esteem	-.09**	.13***	-.07*	.13***	.05	.20***	-.26***			
9. W1 Self-rated Health	-.07*	-.17***	.15***	.18***	.01	.10**	-.05	.22***		
10. W2 Self-Esteem	-.03	-.06	-.08*	.08*	.08*	.17***	-.15***	.50***	.20***	
11. W2 Self-rated Health	.01	-.15***	.08*	.16***	.09*	.09*	-.06	.19***	.38***	.31***

Note.

*
p < .05;**
p < .01;***
p < .001

Table 2

Hierarchical Regression of Wave 1 Friend Positivity X Family Positivity predicting Wave 2 Well-being.

	W2 Self-Rated Health			W2 Self Esteem		
	Step 1	Step 2	Step 3	Step 1	Step 2	Step 3
	<i>b</i>	<i>b</i>	<i>b</i>	<i>b</i>	<i>b</i>	<i>b</i>
Sex	.19*	.13	.13	.13	.17	.18
Age	-.01 [†]	-.01*	-.01*	-.03**	-.03**	-.03**
Race	-.02	-.03	-.01	-.26	-.27	-.28
Education	.04*	.04*	.04*	.06	.06	.06
W1 outcome	.36***	.35***	.35***	.574***	.573***	.578***
W1 Pos Friend		.25 [†]	-.88 [†]		-.17	-2.77
W1 Pos Family		.02 [†]	-1.16*		.09	-2.62
W1 Pos Friend X Pos Fam			.25*			.58
R ²	.16***	.18***	.19***	.28***	.28***	.28***

Note.

[†] p<.10;

* p<.05;

** p<.01;

*** p<.001.

Table 3
Hierarchical Regression of Wave 1 Friend Positivity X Family Negativity predicting Wave 2 Well-being.

	W2 Self-Rated Health			W2 Self Esteem		
	Step 1	Step 2	Step 3	Step 1	Step 2	Step 3
	<i>b</i>	<i>b</i>	<i>b</i>	<i>b</i>	<i>b</i>	<i>b</i>
Sex	.19*	.14	.13	.13	.18	.13
Age	-.01 [†]	-.01*	-.01*	-.03**	-.03**	-.03**
Race	-.02	-.01	-.02	-.26	-.28	-.30
Education	.04*	.04*	.04*	.06	.05	.06
W1 outcome	.36***	.35***	.35***	5.74***	5.73***	5.75***
W1 Pos Friend		.24**	.91***		-.17	2.09 [†]
W1 Neg Family		-.06	1.12**		-.07	3.92*
W1 Pos Friend X Neg Fam			-.25**			-.83*
R ²	.16***	.18***	.20***	.28***	.28***	.29***

Note.

[†] p<.10;

* p<.05;

** p<.01;

*** p<.001.