



# The Association Between Relationship Quality, Self-Esteem And Mental Wellbeing In Different Phases In Life From Young To Middle Adulthood

**Kanika Jain**

## **ABSTRACT**

Relationship quality and marital status are crucial for maintaining mental health. This study is to evaluate the link between relationship quality, self-esteem, and mental health throughout four stages of life. 120 volunteers from various Indian age groups made up the sample. The investigation's participants were chosen using a stratified sampling strategy. Data were collected using three different questionnaires i.e., Relationship Assessment Scale (RAS), Rosenberg self-esteem scale (RSES), and Warwick-Edinburgh Mental Well-being Scale (WEMWBS). Analysis was carried out using Correlation and T Test. Mental health and relationship quality are strongly and favorably associated. There is solid and convincing evidence between mental health and self-esteem. Relationship quality and mental health are positively and significantly correlated. The only significant difference in the quality of relationships between adults between the ages of 22 and 42.

**Keywords:** Relationship Quality, Self- Esteem, Mental Well-Being

## **Chapter - 1**

### **INTRODUCTION**

Relationship quality and marital status are crucial for maintaining mental health. Numerous research has been conducted particularly on marriage, which has been discovered to have a stronger favourable correlation with mental health than other kinds of relationships. However, other research suggests that living together and being in intimate relationships offer equal benefits because research suggests they are connected to higher mental health in a manner similar to marriage. According to some theories, those in

marriage or romantic relationships provide more social support, financial assistance, and a greater sense of purpose in life, which contributes to their improved mental health. Even if the above-mentioned mechanisms may make marriage or other close relationships healthier for mental health, the potential selection effect must be taken into account, where people who are in higher mental health are more likely to get married or have partnerships.

Your ability to maintain interpersonal connections is crucial to your existence. These ties might be warm and friendly or tense and aloof. Numerous relationships, regardless of their structure, add to the social network that is necessary for your mental and emotional well-being.

To better understand and analyse these interactions, it might be helpful to have more knowledge about the various connections that people can have.

## Relationship

You could be in a relationship with many various kinds of individuals, including family and friends. The phrase "being in a relationship" can apply to a number of connections, although being usually used to describe romantic relationships.

People engage into a broad range of relationships, each with its own unique characteristics; it is not required to have physical closeness, emotional connection, and/or commitment in order to "be in a relationship."

**Fundamental Relationship Types:** Relationships usually fit into one of several categories, however they occasionally cross over: relations with family, Friendships, Acquaintances, Romantic connections, sex interactions, relationships at work, Adaptive connections (sometimes called "situation ships")

Each of these core relationship types has a variety of subtypes, and the degree to which these different kinds of relationships are intimate can differ greatly. You might come into contact with the following various relationship types at some point in your life.

**Platonic Connections:** A deep, intimate bond without sex or romance characterises a platonic relationship, a sort of friendship. These connections are frequently defined by: Closeness, Fondness, Understanding, Respect\Care\Support, Genuineness Acceptance

Platonic friendships can involve same-sex or opposite-sex relationships and can take place in a variety of contexts. You might develop You could meet someone in a different setting, such as a club, an activity you take part in, or a volunteer group you are a part of, or you might form a platonic connection with a student or coworker.

Your health and well-being can be greatly improved by the social support that can be provided by this kind of relationship. According to research, platonic relationships can enhance immunity, lessen your chance of depression or anxiety, and minimise your risk of contracting diseases.

**Romantic Connections:** Romantic relationships are characterised by love and desire for one another. While there are many different types of romantic love, infatuation, closeness, and commitment are typically present.

There are many various ways that experts have come up with to define how people experience and express love. For instance, according to psychologist Robert Sternberg, love is primarily comprised of three things: desire, closeness, and commitment or decision. He explains that romantic love combines intimacy and passion.

Over time, romantic relationships frequently evolve. People usually feel more passionately towards the beginning of a relationship. Dopamine, oxytocin, and serotonin are three neurotransmitters that are released by the brain during the first phase of infatuation and make people feel happy and "in love."

These emotions begin to wane in strength over time. People achieve deeper levels of emotional connection and understanding as the relationship progresses.

**Co-dependent Connections:** A spouse who is emotionally, physically, or mentally dependent on their other is said to be in a co-dependent relationship, which is an unbalanced, dysfunctional sort of partnership.

Additionally, it is typical for both spouses to be dependent on one another. Both parties can alternate between playing the caretaker and the person being cared for.

The following traits indicate a co-dependent relationship: Assuming a giving role while the other person assumes a taking role, putting a lot of effort into preventing disagreement with the other person, Having the impression that everything requires your consent, Being forced to protect or rescue the other person from their own behaviour, Performing actions that may make you uncomfortable in order to make someone else happy, Having a relationship where you don't feel like yourself, Putting the other person first, even if they haven't done anything to merit your esteem or favour.

However, not all co-dependent connections are the same. Their degrees of severity can vary. Relationships of many kinds, such as those between romantic partners, parents and children, friends, other family members, and even employees, can be impacted by co-dependency.

Someone who prefers to be needed, for example, may choose a spouse who continually requires them in order to avoid focusing on their own needs.

**Temporary Partnerships:** With no expectations of monogamy or commitment, casual partnerships frequently involve dating interactions that may include sexual activity. Experts advise against using the term because it is ambiguous and might signify different things to different people.

Authors of a study that appeared in the Canadian Journal of Human Sexuality claim that casual relationships can involve: Solitary encounters, Booty calls her "sex" friends, Friend with advantages

These relationships frequently fall along a continuum with different levels of contact frequency, contact kind, level of personal disclosure, relationship conversation, and degree of friendship. The study discovered that those who had had more sexual experience were better able to define these identities than those who had had less.

Among young adults, casual relationships are frequently prevalent. Casual relationships can offer a number of sex-positive advantages as long as they are characterised by communication and consent. Without the emotional commitment and energy commitment of a more committed relationship, they can satiate the need for sex, closeness, connection, and companionship.

**Relations That Are Open:** An open relationship is a kind of consensually non-monogamy in which one or more partners engage in sexual activity with other people or have romantic relationships with other people. In an open relationship, both parties agree to have sex with other people, albeit there may be some restrictions or stipulations.

Any kind of romantic partnership, including dating, marriage, and casual partnerships, can involve open relationships.

Non-monogamous partnerships can carry a stigma. Nevertheless, data indicates that between 21% and 22% of adults will engage in an open relationship at some point in their lives.

Gender and sexual orientation both affect the likelihood of being in an open relationship. Men reported having more open relationships than women did, while those who identify as homosexual, lesbian, or bisexual were more likely than those who do not to have previously been involved in closed partnerships.

These connections can have advantages like more sexual freedom and drawbacks like jealousy and emotional anguish. When couples create personal, emotional, and sexual boundaries and openly express their wants and feelings to one another, open relationships are more likely to succeed.

**Unhealthy Relationships:** Any form of interpersonal interaction when your emotional, physical, or psychological health is jeopardised or threatened in some way is referred to as a toxic relationship. You frequently walk away from such interactions feeling embarrassed, misunderstood, unsupported, or ashamed.

Any kind of relationship, whether it is a friendship, a family relationship, a sexual relationship, or a professional relationship, can be toxic.

Symptoms of toxic relationships include: A lack of assistance, Blaming, Competitiveness, regulating habits, Disrespect, Dishonesty, Gaslighting, Hostility, Jealousy, Using passive-aggressive tactics, Communication problems Stress

Sometimes the toxicity in a relationship is caused by everyone involved. For instance, if you are all regularly nasty, critical, insecure, and pessimistic, you may be adding to the toxicity.

In other situations, one partner in a relationship could act in a way that fosters toxic emotions. In other instances, people might not completely comprehend how their actions are affecting other people, which may not always be deliberate. They may not be aware of any other manner of acting and communicating because of their prior interactions, which frequently occurred in their homes when they were growing up.

This not only leads to dissatisfaction but can also have a negative impact on your health. For instance, stress brought on by unfavourable relationships, according to one study, directly affects cardiovascular health. Loneliness has been demonstrated to have a negative impact on both physical and mental health and can result from feeling alone and misunderstood in a relationship.

Love is one of the strongest emotions anybody can experience. Even if there are many other types of love, many individuals strive for the expression of their love in a romantic relationship with a compatible partner (or partners). These people view love relationships as one of the most important aspects of life, finding enormous meaning and fulfilment in them.

Although the yearning for human connection seems to be innate, developing wholesome, loving relationships is a taught skill. According to some research, the capacity to establish a long-lasting bond begins to develop from infancy, during a child's first interactions with a caregiver who consistently provides the infant's needs for nourishment, attention, warmth, safety, stimulation, and social interaction. Although such relationships are not predestined, it is believed that they can create profoundly imprinted patterns of interpersonal interaction.

**Relationship Dynamics and Personality:** A person's capacity to maintain good relationships can be significantly influenced by their personality, depending in part on the characteristics and tolerance of their partners. What kind of person, and what kind of partner, a person may be depending on whether they are introverted or extraverted, receptive to new things or resistive, or typically neurotic or conscientious are all possible personality traits. However, a single characteristic can have a wide range of effects on a person's results in life, and many people are able to accommodate a partner's emotional demands.

**Personality and Relationships:** Although personality might have an impact, it is never the only aspect and does not always have to be a barrier to finding satisfaction in partnerships. Relationship success, for instance, can be significantly influenced by attachment style. People with an "insecure" attachment style, a characteristic that often emerges in childhood, may have extreme anxiety regarding the stability of their adult relationships or may choose to refrain from making commitments completely. But being aware of

one's propensity to avoid or worry about falling in love, as well as being open to discussing it with partners, can aid individuals in managing their problems and discovering a path to a reliable long-term connection.

**Relationship status:** By and large, relationship status (for example parent, dispassionate companion, heartfelt interest, living together accomplice, mate) has likewise been underlined as a strong mediator of social influence guideline. The clearest model worries maternal/posterity connections, which are subjectively not the same as those between other conspecific sets. It has for some time been recognized that putative connection connections between parental figures (predominantly moms) and their babies are normal for both human and nonhuman primates. As a hierarchical develop, connections are recognized by generalized ways of behaving including (yet likely not restricted to) segregation of connection figures from others, a self-evident inclination for connection figures, and detachment and gathering ways of behaving intended for connection figures — frequently misery and help, individually. Subsequently, whether qualifications are made among parental figures and outsiders, mates and companions or possible mates and relatives, relationship status might mirror the ordinally scaled level of connection between conspecifics. If valid, it is critical to screen qualifications between various relationship types (for example heartfelt, dispassionate, and so on).

**Relationship Quality:** As a rule, relationship quality, frequently named conjugal quality in the examination literature<sup>1</sup>, alludes to how cheerful or fulfilled an individual is in their relationship. It is a much of the time concentrated on part of relationships, but there is little agreement around the meaning of relationship quality or the hypothesis supporting it. Likely as a result of this absence of agreement, "relationship quality" is frequently utilized conversely with terms, for example, "relationship bliss", "relationship fulfilment", and "relationship change", albeit these ideas are not equivalent.

There are two primary ways to deal with figuring out relationship quality:

**The Relational or Relationship approach:** This approach centres around examples of cooperation between a couple and takes a gander at regions, for example, how couples impart, their contention ways of behaving, and how they invest energy with each other.

**The Intrapersonal approach:** Another viewpoint is that relationship quality isn't about the ways of behaving and cooperations in the relationship yet just alludes to how accomplices rate their bliss or fulfilment with the relationship. This includes an emotional assessment of a couple's relationship.

In spite of the fact that relationship quality might appear to be a hypothetical idea eliminated from the truth of families' regular routines, relationship quality is significant. The outcomes of unfortunate relationship quality are critical for accomplices, kids, and more extensive society. Late proof shows that kids whose guardians have less fortunate relationship quality have really externalizing conduct issues (like hyperactivity-absentmindedness) than youngsters whose guardians have better relationship quality. The exploration shows that the impact of couple relationship quality on youngster conduct results is no different for kids independent of mother's schooling, her identity and regardless of whether wedded, mother's insight of parental separation and kid's orientation. Youngsters from families with low pay are impacted more by upset parental relationships than kids who are monetarily in an ideal situation. Be that as it may, great RQ is a defensive component for kids in a

setting of family destitution. This effect of relationship quality exists regardless of the idea of the parent-kid relationship. In any case, the exploration shows that an excellent parental relationship might be a defensive variable for youngsters' well-being in any event, when there is undeniable level struggle in the parent-kid relationship.

## Self-Esteem

Self-esteem refers to how we view and respect ourselves. Because it is founded on our views and beliefs about ourselves, changing them can be challenging. This could also be seen to be self-assurance.

Depending on your level of self-worth, you might: Respect and admire who you are as a person, Able to take initiative and be assertive, know your advantages, A willingness to try new or challenging things, treat yourself with respect, avoid unnecessarily condemning oneself and move past mistakes, give yourself the space you require, consider yourself important and adequate, recognize your right to joy.

**Relationship success is influenced by one's self-esteem:** The relationship between high self-esteem and fulfilling relationships has been thoroughly established by research. Self-esteem influences not only how we feel about ourselves, but also how we treat others, especially in close relationships.

The degree of self-esteem a person has before a relationship determines how happy the couple will be together. More specifically, even if overall happiness tends to diminish a little over time, this isn't the case for those who join a relationship with greater levels of self-esteem. People whose self-esteem was lower to begin with experience the steepest drop. Frequently, those connections don't endure. Even though stress, emotionality, and communication skills all affect relationships, a person's past experiences and personality

qualities have the biggest impact on how these challenges are handled and the outcome of the relationship as a whole.

**Relationships Are Affected by Self-Esteem:** When you grow up in a dysfunctional family, your self-esteem suffers. You frequently lack a voice. Your wishes and ideas aren't given much consideration. Parents are frequently dissatisfied with one another and have low self-esteem. They do not possess or serve as role models for cooperative behaviour, sound boundaries, assertiveness, or dispute resolution. They could be abusive or simply uncaring, distracted, in charge, intrusive, manipulative, or inconsistent. They frequently shame the demands, personality quirks, and feelings of their kids. A child feels emotionally abandoned as a result and assumes that they are at fault—not good enough to satisfy both parents. Toxic guilt is internalised in this way. Children experience anxiety, fear, and/or anger. They lack the confidence to be who they are, to have faith in themselves, and to like who they are. They learn to hide their emotions, walk on eggshells, withdraw, attempt to please, or even become hostile as they grow up co-dependent and with low self-esteem.

## Psychological Health

Our mental health has a significant influence on our general health. Our bodies' condition, our eating patterns, and our degree of physical activity are usually seen by society as indicators of our health on a biological and physical level. However, this is missing a vital component for health. It has to do with our mental well-being, which encompasses both our internal processes and how we identify with ourselves in daily life.

The ability to flourish despite ups and downs in a range of life sectors, such as relationships, job, recreation, and more, is often referred to as mental health. It is the conviction that we can overcome our challenges and the understanding that we are not defined by them.

Our mental health depends on how we respond to life's ups and downs. The seemingly simple concept of mental wellness has deeper meant and effects on how we conduct our lives. It includes one's ideas, actions, and emotional health.

This significant aspect of who we are has several connotations. All of these characteristics—which are truly abilities we can exercise and hone—are components the following characteristics of mental wellbeing: Self-acceptance, Self-awareness of belonging to something greater, Feeling of independence rather than depending on others for identity or enjoyment, Awareness of and use of our unique character traits, Accurate view of reality and awareness that our thoughts aren't always true and that we can't read minds, A desire to advance further, Thriving despite difficulties (emotional resilience), Having interests and pursuing

them, Knowing one's value system (in contrast to a passive mindset and lifestyle, waiting for things to get better)

According to psychology researcher Angela Duckworth, people with grit also grow and enjoy wellbeing. Grit refers to living life to the fullest and is a blend of perseverance and zeal. It's a never-give-up way of thinking. Given that failure is a vital part of both success and life, grit does not entail never failing. The capacity to rise again after falling is grit.

**Happy relationship and social connectivity matter for your health + Well-being:** When it comes to wellness and health, we frequently concentrate on what we can do to improve our physical health for better physical health outcomes, as well as what we can do to improve our psychological wellbeing by changing our mentality. Unfortunately, concentrating only on these two aspects leaves out what Martin Seligman, the creator of positive psychology, sees as a fundamental aspect of wellbeing. Seligman argues specifically that building strong relationships is essential to enhancing our wellbeing and resilience (see more about Seligman's PERMA model of wellbeing and resilience here).

In general, social connectivity and healthy relationships are linked to advantages including improved greater physical and mental health, a longer life expectancy (especially with regard to depression), and better cognitive performance (notably dementia) when compared to individuals who are lonely.

**Relationships, social connectedness, and our health are important:** What precisely do social connections and relationships accomplish to uphold our health and wellbeing, then? From an intuitive standpoint, think about:

Knowing that you have someone to turn to for assistance while you're struggling with difficult life circumstances helps lessen the impact of the stressor. It appears as though we are not carrying the weight alone in some ways.

Less reliance on harmful coping mechanisms may result from venting or talking with a buddy (e.g., excessive alcohol use). It might also imply that your friend is helping you view things more clearly and differently.

Having fun with friends elicits good feelings that add to happiness and life satisfaction.

Indeed, research on social connectivity and loneliness suggests the following pathways by which interpersonal ties lead to improved outcomes: Improved cardiovascular performance (blood pressure during

times of stress, HDL cholesterol levels), Decreased cortisol and increased oxytocin levels, Improving immunological performance, better health choices and behaviours

The research is conclusive: maintaining social connections is good for our health and happiness!

**Strong relationships have positive effects on health:** The Your emotional and physical health are impacted by the number and type of connections you have throughout your life.

Excellent mental health and social support offer numerous benefits. More self-esteem, empathy, and tighter connections are a few instances of correlations that have been proven, as well as lower rates of anxiety and despair. Strong, healthy relationships may also strengthen your immune system, help you recover from illnesses, and potentially even prolong your life.

The good news is that although many of these benefits can raise your level of happiness and contentment, they also have an impact on people around you, making them desire to spend time with you. Social connectedness results in a positive feedback loop of social, emotional, and physical wellness.

**Loneliness's negative effects on health:** Loneliness may have a serious detrimental impact on your health. Loneliness can result in sleep problems, high blood pressure, and elevated cortisol levels (a stress hormone). You could feel less happy overall, and your immune system might suffer. The chances of antisocial behaviour, depression, and suicide are all increased by loneliness.

The elderly is especially at risk. As your mobility declines, socialising with others may become more difficult. However, older adults who maintain relationships and are socially connected are more likely to: Have a higher quality of life, be happier with their lives, be less likely to develop dementia or mental decline, Require less household assistance.

When they are isolated, younger people—teenagers and those in their 20s—are also at risk. The risk of obesity, inflammation, and high blood pressure can all be directly impacted by a young person's lack of social connections.

These three conditions can cause long-term health difficulties like cancer, heart disease, and stroke, but having a diverse social network can fend off physical deterioration.

Therefore, the benefits of social ties are considerable, even if your other mortality risk factors (such as socioeconomic status, smoking, drinking, obesity, and lack of physical exercise) are minor. In other words, even if you lead a healthy lifestyle, you still need social connection to sustain your health and happiness.

It's critical to understand the distinction between loneliness and solitude. Being alone may not be a problem at all, but feeling alone is a problem. Many people lead happy, fulfilled lives while living alone.

The foundation of good health is a strong social network. Being social animals, humans have an intrinsic desire to interact with other individuals. Strong familial relationships, friendships, and social engagement can boost our self-esteem and sense of security while acting as a psychological barrier against stress, anxiety, and depression.

Social networks also give users a sense of community, safety, and belonging where they may express their needs and share them with others.

**Connection exists between relationships and mental health:** The relationships we have with other people are important components of our life, despite the fact that we may occasionally take them for granted. Relationships support our emotional and physical health, says the Mental Health Foundation. According to the charity, those who are more socially linked to their friends, family, and community are happier, physically healthier, and live longer with fewer mental health issues than those who are less attached.

Happily married or in a committed relationship has a favourable effect on your mental health; research indicates that you may have lower stress levels and less depression than someone living alone.

The importance of social support for mental health:

According to the Mental Health Foundation, having strong social ties within your community is crucial, and regardless of whether your neighbourhood is wealthy or impoverished, people who live in places with higher levels of social cohesion have lower rates of mental health issues than those who live in places with lower levels of cohesion. This may be especially important for seniors, who may have fewer depressive symptoms if they reside in areas with good transportation options.

In the meanwhile, establishing close relationships with other people might be invaluable if you're dealing with mental illness. For instance, Rethink Mental Illness found that 69% of persons with mental illnesses stated their mental health was worse since they couldn't visit their relatives or friends during the Covid-19 lockdown.

Although it's believed that those who are single have better mental health results than those who are unhappy in their relationships, the quality of your relationships is also quite significant. In other words, being alone is healthier than being in a toxic or destructive relationship.

Indeed, according to specialists, there is evidence that unfavourable social interactions and connections, particularly with people closest to you, may raise your risk of mental health issues including melancholy and anxiety.

**Relationships impact your mental health:** There's a good chance your mental health may suffer if a close relationship isn't working out. However, partnerships can also negatively affect your mental health in other ways. It can be extremely distressing to watch someone you care about struggle with mental illness, for example, and as a result, your own mental health may suffer.

According to The Priory Group, a provider of behavioural treatment services, eight out of ten patients with mental illness believe their illness negatively affects their family. Some persons who have a family member with a mental illness may also experience mental health issues to the point that they require assistance and support. That shouldn't come as a surprise considering how stressful it may be to care for a loved one who has a mental illness.

Three prevalent mental health issues can have an impact on you and the people you care about:

**Relations and Pressure:** Anyone who has ever been under stress will understand how detrimental it can be to relationships. You might feel down and wish to spend more time alone than normal, or you might dispute with your partner more regularly or snap more frequently as a result.

Whatever way you respond to being under too much pressure, your relationships are probably going to suffer. For instance, if you start to distance yourself from your partner, they can feel pushed away. Your

partner or other family members could become defensive and argumentative if you're angrier than usual response.

**Depression and Relationships:** Being in a dysfunctional relationship may have the opposite impact and cause depression symptoms, but having strong, healthy relationships may help you manage if you're feeling down or sad. According to experts at the relationship counselling organisation Relate, depressed people are three times more likely to suffer from depression than joyful people in relationships. The organisation notes that according to some research, more than 60% of persons who suffer from depression attribute their disease to interpersonal issues.

Your loved ones may become upset if you are unable to communicate clearly due to depression. Additionally, you could begin to feel bad about how tough your presence is for those around you, which can undermine your self-worth.

In contrast, if your loved one is sad, you could have increased pressure to ensure that life goes as smoothly as possible by taking on more responsibilities than you're used to, all the while providing them with the assistance they require. However, if you take on too much, you could feel worn out and burned out and sooner or later start to lose patience with them.

**Anxiousness and Relationships:** Your relationships may suffer if you experience anxiety constantly or a lot of the time. While you're anxious, you can find it difficult to unwind when you're around your spouse, friends, or family. And if you don't feel completely safe in your connection with your partner, you can worry unceasingly that it will end or you might want unending assurances that they won't leave you. Neither of these behaviours is a formula for a happy marriage.

While this is going on, it can be challenging to watch a loved one who suffers from anxiety struggle with their problems. Some people might even start to wonder if they're the source of their partner's or loved one's anxiousness, which would place additional strain on the relationship.

## Chapter - 2

### REVIEW OF LITERATURE

- 1- **Adameczyk (2021)** It is becoming increasingly clear that factors in relationships other than relationship status have a big influence on young people' mental and physical health. In samples of young adults from Poland and the United States, this study looked at the links between relationship status, relationship satisfaction, contentment with relationship status, and other health-related characteristics. Information was acquired in Poland and the USA from young people (aged 18-34 at Wave 1) in three-wave research with one-year pauses between each survey. People in partnerships, especially those in higher-quality relationships, reported feeling healthier, according to the cross-sectional analysis' findings. But for depression, relationship status satisfaction was a separate factor in health. According to the fixed-effects models, relationship quality was a much more effective and dependable predictor of health than relationship status. Polish young adults had a stronger link between partner status and depression, emotional well-being, relationship satisfaction, and psychological well-being compared to their American counterparts. The results demonstrated that relationships contribute more for changes in health than just relationship status alone, and that these links may differ depending on the cultural context.
  
- 2- **Castilla (2020)** This study uses measures of autonomy and psychological health to investigate whether young people's gender and romantic relationship status lead to disparities in regard to a variety of specific factors. We did this by using both Ryff's Model of Psychological Wellbeing, which has the dimensions of self-acceptance, good relationships with others, autonomy, environmental mastery, personal growth, and life purpose, as well as our own Transition to Adulthood Autonomy Scale (EDATVA), which has the dimensions of self-organization, understanding context, critical thinking, and socio-political engagement. As a consequence, quantitative research including 1,148 young people from Madrid, Spain, and Bogotá, Colombia, aged 16 to 21, 60.2% of whom were women and 39.8% of whom were males, was carried out. The results demonstrate that there are differences between males and females in the aspects of interpersonal growth, comprehending context, and wellbeing (as measured by the autonomy questionnaire), with the female group scoring higher overall. Differences in environmental mastery and life purpose were detected in the relationship variable; younger people in romantic relationships scored higher. However, there were no differences between young individuals who were in relationships and those who were not on the autonomy questionnaire's many dimensions.

- 3- **Hsu and Barrett (2020)** Relationship status and psychological health are related, with married people performing better than divorced and never-married people. This conclusion, however, is based on research that emphasises negative well-being more so than positive well-being. We investigate the relationship between marital status and both good and negative aspects of well-being, including autonomy, environmental mastery, personal growth, positive relationships with others, self-acceptance, and life purpose. We discover that those who are continuously married perform better on the negative dimension than those who were previously married using Wave 2 of Midlife in the United States (2004-2006; n = 1,711). Results for various well-being indicators show that those who have been married continuously have an advantage over those who have been divorced or never married. Results from other encouraging metrics, however, show that those who are never married or who have remarried do better than those who have been married continuously. Furthermore, some findings imply that women who have never married or who have remarried will gain more than men.
- 4- **Lawrence (2019)** Compared to those who are never married, divorced, or widowed, married people are healthier and live longer. But not all unions are created equal; unhappy unions have fewer advantages than happy ones. This study compared individuals who were "extremely happy" in marriage to those who were "fairly happy" in marriage, "not too happy" in marriage, never married, divorced or separated, or widowed. It looked at health and longevity across a nationally representative sample of U.S. adults. To shed light on the connections between marital status, marital happiness, overall happiness, self-rated health, and mortality risk, we used the General Social Survey-National Death Index. Net of socioeconomic, geographic, and religious characteristics, those who were "not too happy" in marriage were over twice as likely to report worse health and about 40% more likely to die throughout the follow-up period than those who were "very happily" married. When compared to individuals who were never married, divorced, separated, or widowed, those who were not very happy in their marriage also had an equivalent or higher risk for poor health and mortality. The findings also suggest that a significant portion of the association between marital happiness and improved health and longevity is driven by general contentment. The benefits of marriage for one's health and longevity are well documented in the literature, but our findings imply that those in unhappy marriages may be particularly vulnerable. We come to the conclusion that the advantages of marriage for health are influenced by relationship quality and subjective well-being.
- 5- **Sibley (2019)** According to the available evidence, males are more likely than women to gain from having a romantic partner in terms of greater subjective wellbeing. The main theoretical justification for these disparities in wellbeing is that men tend to consider social support from their love partners as being their main source. However, there is surprisingly little empirical support for the idea that these gender disparities are caused by perceived social support. The current study tested whether perceived social support moderated the relationship between having a romantic partner and wellbeing and whether these correlations were noninvariant across gender using a national panel study in New Zealand (N = 20,774). The relationship

between having a romantic partner and greater wellbeing (life satisfaction and self-esteem) was partially mediated by perceived social support, and this pathway was more pronounced for men than for women. These findings build on earlier research by demonstrating that men's relationship status and perceived social support are more strongly correlated, which contributes to the higher association between men's relationship status and wellbeing.

- 6- **Retznik (2017)** There is a dearth of research on the experiences of people with physical, visual, or hearing impairments in partnerships. Existing research demonstrates that experiences with sexual activity and partnership happen less frequently and later in life. This is attributed to things like inferiority complexes, societal norms of attractiveness, stigmatisation, immobility, and overly protective parenting. This essay examines how gender and the type of disability affect how young adults with physical, visual, or hearing impairments experience relationships and sexuality. Eighty-four individuals between the ages of 18 and 25 who had a hearing impairment (n = 40), a vision impairment (n = 18), or a physical impairment (n = 26) were questioned in-person or over the phone. Nine out of every ten participants had at least one relationship. Seven out of ten people had engaged in sexual activity. Male participants lacked the female participants' level of sexual experience. Men generally had more partnerships, and their first coitus happened much earlier. Participants with physical disabilities reported having fewer relationships and having their first sex later in life. The participants who had hearing impairment had the most romantic connections and had their first sex the earliest. The findings of this study demonstrate that the study subjects have substantial sexual and romantic experience. On the other hand, the findings show that supportive parents and educators, an inclusive school system, and the encouragement of a positive self-perception are essential for the development of young adults with disabilities and their capacity to make independent and confident decisions about romantic relationships and sexuality.
- 7- **G.M, Bulloch (2017)** The prevalence of serious depression is correlated with marital status, but the intensity of the correlation may vary by age and gender. Statistics Canada's 1996–2013 national cross-sectional health surveys of the Canadian population served as the data sources. The respondents, who were 18 years of age and older, were included in these cross-sectional files from the National Population Health Survey conducted in 1996 and the Canadian Community Health Surveys conducted from 2000 to 2013. Logistic regression and meta-analytic methods were used to analyse the data. In terms of gender, women who were single, widowed, or separated had lower probabilities of developing depression than men who were married. In contrast, compared to married people, the odds ratios for depression decreased with age for those who were widowed, separated, or divorced. From 1996 to 2013, there was no change in the robustness of the interaction terms employed to measure these moderating effects. Using a large sample size of participants has indicated some significant moderating effects of age and gender on the link between depression and married status. Our findings have clinical implications because they show that age and gender have an impact on the link between married status and the sensitivity to the development of depression.

- 8- **Wadsworth (2016)** The causes and correlates of subjective well-being have drawn increasing attention from the academic community over the past 20 years. One of the most recurrent findings is that respondents who are married report higher levels of happiness and life satisfaction than those who are single. Even though this association is common, little empirical research has looked at the possible mechanisms underlying it. The current study examines how context and reference groups influence the link between marriage and wellbeing by using data from the Behaviour Risk Factor Surveillance System and the 2000 US Census. If marriage is more prevalent and thus more normative, does this mean that it has a greater impact on life satisfaction? The results provide fresh understanding of the marriage/well-being relationship and have broad implications for how we approach the investigation of the factors that influence and are correlated with subjective well-being.
- 9- **Carr (2014)** The relationship between own versus spouse's marital appraisals for well-being was examined, as well as the degree to which the relationship between own marital appraisals and well-being is moderated by spouse's appraisals, among older husbands and wives. The authors also looked at associations between marital quality and both general life satisfaction and experienced (momentary) well-being. Data are from the Panel Study of Income Dynamics' 2009 Disability and Use of Time daily diary supplement (N = 722). The correlation between life satisfaction and fleeting happiness and one's own marital satisfaction is substantial and significant; relationships are not gender-specific. The spouses' marital assessments and the authors' own well-being were not found to be significantly correlated. However, when the husband's wife also reports a good marriage, the relationship between the husband's marital quality and life satisfaction is strengthened; conversely, when the wife reports a poor marriage, the relationship is flattened. The discussion includes implications for understanding marital dynamics and wellbeing in later life.
- 10- **Stets (2014)** While utmost exploration examines tone- regard in terms of tone- worth, we suggest three confines of tone- regard worth- grounded, efficacy- grounded, and authenticity- grounded regard. Each of these confines is linked to one of the three motives of the tone, and each of them primarily emerges through verification of social/ group, part, and person individualities, independently. Data are examined to study these three tones- regard confines, including measuring the regard confines and assessing their psychometric parcels, probing the goods of identity verification on the different regard confines, and assaying the unproductive relationship among the regard confines. Overall, the results support the dimension and validity of these three confines as well as the part of identity verification in producing these tone- regard issues.

11- **Bell (2014)** It is still debatable how life-course trajectories in mental health should look. Many think that the relationship is U-shaped, with mental health advancing into middle age. I argue that these models are plagued by the age-period-cohort (APC) identification conundrum, in which age, cohort, and year of measurement are all identically collinear and their effects cannot be adequately separated. In light of this, cohorts might be able to explain an apparent life-course impact. Both the methodological literature that mistakenly claims to have "solved" the APC identification problem statistically (e.g., using Yang and Land's Hierarchical APC-HAPC-model) and the literature that addresses life-course trajectories in mental health are the focus of this essay's critique. Afterward, utilising information from the British Household Panel Survey, 1991–2008, To estimate life-course trajectories in mental health (as evaluated by the General Health Questionnaire) net of any cohort effects, I use a variant of the HAPC model. The model also employs an intricate multilevel structure that permits examination of the relative importance of both geographical (households, local authority districts) and temporal (periods, cohorts) levels. Although mental health is shown to improve over the course of a person's life, there is no evidence of a U-shape. Instead, this development slows around middle age before declining once again in old age. I argue that these results are a result of cohort dynamics' confounding (whereby more recent cohorts have generally worse mental health). Mental health was correlated with income, smoking, education, social class, urbanity, ethnicity, gender, and marital status; the latter two in particular had an impact on cohort and life-course trajectories. Also evaluated were other elements. The work shows the value of understanding APC in life-course research in general and in mental health research in particular.

12- **Whitton (2013)** To determine whether having committed relationships is related to university students' mental health (depressive symptoms and problem drinking, including binge drinking), and to see if there are any gender-specific differences in these relationships. a representative sample of 889 undergraduates, ages 18 to 25. From August to December 2010, self-report measurements of problematic alcohol consumption, depression, and dating relationship status were gathered through an online survey. For college women but not for men, being in a committed relationship was linked to lower depressed symptoms than being single. Both genders' less problematic alcohol usage was likewise linked to involvement in committed relationships. Findings highlight the potential for healthy relationship programming to improve student wellbeing and imply that being in committed partnerships may be protective of college students' mental health.

13- **Umberson (2013)** Some of the earliest and most well-known sociological research revealed that parenthood caused psychological anguish, especially for women, and that marriage benefitted men's mental health more than women. Recent longitudinal research, which is examined in this chapter, calls into doubt these fundamental linkages. Recent research indicates that although marriage is linked to better mental health, these benefits are less pronounced than previously thought and depend on other elements like marital quality, race, and age. Though not as high as married people, cohabitators nevertheless have a higher psychological well-being than unmarried people. The average mental health benefits of entering into

marriage are not gender specific, according to longitudinal studies. Parenthood increases psychological suffering, especially for young single parents, according to recent studies. Future studies should study how various stratification systems interact to affect the association between family status and mental health using an intersectionality perspective.

14- **Nyqvist (2012)** The preliminary relationship between social capital and internal health has been examined. However, no study has focused explicitly on internal well-being and its favourable qualities. The purpose of this review was to investigate the connection between social capital and psychological health in older persons. An extensive search method was used to thoroughly examine ten relevant databases for research that addressed the relationship between social capital and internal well-being. The study sample included older people (>50 times); the study reported an internal well-being outgrowth; social capital was an exposure variable; and empirical research using quantitative styles and published in English between January 1990 and September 2011 were the criteria for addition to the methodical review. Eleven studies passed the requirements for addition. Seven potential exposure metrics were used to evaluate each research (structural, cognitive; relating, bridging, linking; individual, collaborative). The findings demonstrated that there is a strong correlation between social capital and various dimensions of internal wellbeing in all of the included research. The connection between social capital and internal well-being varied typically both within and between studies. Our findings underline the fact that there is no "gold standard" for how to gauge either internal or social capital. The trade between individual and collective existence produces social capital. Following Bronfenbrenner's traditional classification into macro, meso, and micro settings is therefore one option for future research. We believe that the most important variables in creating social capital and well-being in a community are family and musketeers at the local level in aged people.

15- **Stuart (2011)** Despite estimates that parents of children with autism spectrum disorder (ASD) divorce at a rate of 80 percent, the subject of separation and divorce among this community has received very little empirical and epidemiological research. The 2007 National Survey of Children's Health, a cross-sectional survey with a population focus, provided the data for this study. 913 of the 911 parent interviews on kids who had advanced from 3 to 17 times acknowledged having an ASD viewpoint. Results from multivariate analyses showed no evidence to imply that children with ASD are more likely than children without ASD to live in a ménage that is not made up of their two natural or consanguineous parents after adjusting for relevant factors.

16- **Keyes (2010)** On three measures of internal well-being, we looked at the organisation of the inherited and environmental impacts. The subsample of 349 monozygotic and 321 dizygotic same-coitus twin dyads from a nationally representative sample of halves that completed tone-report measures of emotional, intellectual, and social well-being was the focus of the analyses. The best-fit model included a single set of parameters for both men and women, no participating environmental benefits, and a common pathway to all three well-being indicators. The "internal well-being" factor's heritability was high (72) and stylishly ranked by

cerebral well-being. For emotional and social well-being, moderate particularity-specific inheritable benefits were seen. Nonshared environmental benefits were largely particularity specific on all metrics. Although several particularity-specific inheritable factors were seen for emotional and social wellbeing, inheritance is an inheritable component. While moderate amounts of environmental factors also played a role, the maturity of the particular terrain was particularity-specific.

- 17- **Simon (2010)** Although social scientists have long held the belief that men's and women's mental health is more closely related to intimate social relationships, new research demonstrates that there are no gender differences in the advantages of marriage and disadvantages of single status when taking into account the various ways that men and women express their emotional distress. These findings are consistent with the growing importance of intimate relationships for both men's and women's mental health. For non-marital love relationships among the present cohorts of young adults, these tendencies might not be visible, though. In this paper, we investigate the links between several relationship aspects and the signs of depression and drug In a diverse sample of young individuals in Miami, Florida, use/dependence was observed. We find gender differences that vary across relationship dimensions: Men's emotional well-being is more strongly connected with continuous relationship support and strain than it is with current participation and recent breakups, which are more closely correlated with women's mental health. Our results demonstrate that it is crucial to consider the stage in the life cycle as well as the experiences of specific cohorts of men and women when speculating about gender variances in the relevance of intimate relationships for mental health.
- 18- **Mulder (2010)** We look into which member in a 2-gender relationship leaves following separation. We test hypotheses concerning the effects of changes in the partners' relocation expenses and resources using data from the Divorce in the Netherlands survey (N = 1,537 ex-couples who divorced between 1972 and 1998). Ex-partners who initiated the split as well as those who attributed it to a new partnership were more likely to do so. A former spouse who had parental responsibility or more money was likewise less likely to find new love. A woman was less likely to leave her partner if the couple had had children who were no longer living at home or if the relationship had lasted longer.
- 19- **Sassler (2010)** Due to marriage delay, relationship churning, and high divorce rates, people are now spending more time seeking for romantic relationships outside of marriage. Currently, studies on "hooking up," Internet dating, visiting relationships, cohabitation, marriage after delivery, and serial partnering are included in the field of intimate partnering research, in addition to more traditional studies on the events leading up to marriage. Although academics typically use different theoretical frameworks, research techniques, or disciplinary views, research often stays fragmented despite our collective understanding of relationship genesis and evolution having improved. With little attention paid to the relationships between phases over the course of a person's life, the study of relationship behaviour is also broken down into distinct life stages. There are recommendations for future research.

**20- LaPierre (2009)** This study studied the contemporaneous and longitudinal connections between married status and depressive symptoms for men and women and tested whether age moderated these relationships under the direction of a life course viewpoint. 9,507 people who participated in the first two waves of the National Survey of Families and Households provided the data. When it comes to depressive symptoms, men and women in first marriages fare better than most other marital status categories, and for some groups, this advantage grows stronger over time. For women, but not for males, there were age-related changes in these correlations that were noteworthy.

**21- Athanasopoulou (2009)** Losing consumers is quite expensive in the fiercely competitive market of today. Through the creation of long-term, mutually beneficial connections with customers, customer retention and loyalty have become possible. This essay aims to provide a critical evaluation of the relationship quality (RQ) literature and to suggest future research directions. Data were gathered via unbiased cross-referencing of articles from all of the top marketing publications. Papers are tallied and based on six types of data that have been thoroughly cross-checked. The majority of RQ research focuses on business-to-business (b2b) markets and goods, analyses the US or European markets, looks at relationships from the standpoint of the customer, and uses survey data. Additionally, outcomes vary depending on the context, and there is no paradigm for RQ that is generally accepted. A general conceptual framework for the study of RQ is presented by analysing the many variables employed in earlier studies. According to the traits of RQ research that were discovered through the review, future research should concentrate on service and retail settings, validate current conceptual frameworks across nations and contexts, and address these issues. increase the number of seller and dyad studies; increase the use of qualitative techniques to capture the minute variations between contexts; Analyse RQ at various stages of relationship development and consider novel forms of interactions between parties that might not be people or businesses and might not play the usual buyer and seller roles. The framework created here aids businesses in creating successful relationship marketing strategies by giving them a roadmap of the variables that may have an impact on the quality of their connections with customers. The article offers a thorough analysis of the RQ literature that has never been done before and creates a universal framework that can be used in all situations and will direct future research in the field. Overall, the study guides future research in the field and aids in the identification of important RQ-related problems and ideas.

**22- Jang (2009)** Marital status is an accurate predictor of health outcomes in Western populations. Although there are relatively limited data from Asian cultures, some study indicates that there are distinct gender differences in the benefits of marriage for health in Asian communities. We investigated the impact of marital status on the depressive symptoms of older adult Koreans. Data were acquired from a sample of individuals who participated in the cross-sectional baseline survey of the Korean Longitudinal Study of

Ageing in 2006 (4016 men and 5003 women, aged 45 to 85). To evaluate depressed symptoms, the 10-item Centre for Epidemiological Studies-Depression scale was employed. After controlling for socioeconomic class, living circumstances, handicap, and the number of chronic illnesses, the connection between marital status and depressive symptoms was examined, a multiple regression model was utilised. Among women aged 75 to 85, there were no appreciable differences in depressive symptoms between married women and those who were widowed, divorced, or separated. These findings were brought about by a rise in depressive symptoms among older married women. However, divorced and widower males in the sample reported higher incidence of depressive symptoms than did married men, and the gap between married women and widowed/divorced women converged as they aged. This pattern of depressive symptoms by gender and life stage may be a result of the particular effects of the Asian setting on male and female interactions, including traditional gender norms and patriarchal ideals for older generations.

**23- Karremans (2008)** Three investigations looked at and validated the hypothesis that individuals in love relationships less frequently unconsciously copy a seductive contrary-coitus other than single people, based on recent literature showing that nonconscious behavioural belittlement is incompletely thing oriented. Additionally, Studies 2 and 3 showed that individuals who were romantically linked tended to replicate a seductive intention less as they became closer to their present partner. In the end, Study 3 provided the strongest evidence in favour of an unconscious starting point, showing that the perceived beauty of the contrary-coitus other acts as a mediating factor between the influence of relationship status on the position of denigration expressed against that person. The current research suggests that behavioural belittling plays an underlying tone-nonsupervisory role in maintaining relationships. Both the literature on relationship preservation and the literature on behavioural belittlement are subject to counterarguments.

**24- Averett (2008)** Rotundity prevalence has recently increased, while marriage rates have decreased, which has prompted governments to implement measures to reverse these trends. This essay discusses how these two problems are related. The association between changes in BMI and changes in connubial status may be explained by four hypotheses: selection, protection, societal obligation, and marriage request (BMI). According to the selection hypothesis, those with lower BMIs are more likely to be mentioned in marriage. According to the protection thesis, married adults would have better physical health due to improved social support and a decreased occurrence of parlous geste. According to the social responsibility idea, people with links may consume richer and thicker meals on a regular basis as a result of their marriage-related connections to social scores. Finally, the marriage request thesis suggests that adults may not maintain a healthy BMI when they are no longer in the marriage request since doing so is expensive and they are in a stable partnership, or on the other side, adults may improve their prospects in the marriage request by decreasing weight. We estimate individual fixed goods models to examine associations between the change in log BMI and the prevalence of fat and rotundity, as well as changes in relationship status, while controlling for the effects of ageing and other respondent characteristics. We take advantage of longitudinal data and complete marriage histories from the National Longitudinal Survey of Youth 1979. The marriage

protection thesis is unsupported by our research. Instead, we discover evidence that the societal obligation and marriage request suppositions are true: both men and women's BMI rises during marriage and during a cohabiting relationship. Separate analyses by race and race show significant variations in these groups' responses of BMI to relationship status.

- 25- **Keyes (2006)** The author claims in this introduction to a special issue that a third generation of research on personal well-being has emerged, focusing on health and mortal development as the presence of well-being (i.e., health), rather than only the lack of disease, complaint, and experimental scarcities. This essay then goes on to describe the concept of private well-being, including its concrete connections to World War II and the founding of the National Institute of Mental Health, its abstract roots, and empirical evidence that supports the idea that it is comprised of the two theoretical traditions of hedonia and eudaimonia. Thirteen different areas of private well-being have been identified in the United States after over 50 years of research on the topic. Decreased scientific focus on the integration of hedonic and eudaimonic measurements and propositions is therefore suggested by new approaches in private well-being that are emerging, much like the study of internal health as a whole condition.
- 26- **Williams (2006)** found compelling evidence that a divorce harms an adult's wellbeing. Due to the fact that the majority of research focuses on the typical impacts of divorce, we know relatively little about the factors that minimise this relationship. The purpose of the current study is to investigate the proposition that people who have young children living at home at the time of their divorce are more likely to have negative effects on their adult well-being. An examination of data from the National Survey of Families and Households (N=4,811 men and women married at the baseline interview) is used to corroborate this theory, especially among women. If a woman doesn't have small children, a divorce usually has minimal negative impact on her psychological health. Different exposure to secondary stressors associated with divorce can help to explain some of these disparities.
- 27- **Dush (2005)** This study looked at the relationships between relationship status, relationship satisfaction, and a fictitious indicator of personal wellbeing. We created a set of married individuals who reported the highest level of private well-being using the study of Marital Insecurity over the Life Course, followed (in order) by individuals in lodging connections, steady courting connections, casual courting connections, and individuals who dated infrequently or not at each. Regardless of relationship status, those in joyful connections reported higher levels of personal well-being than people in unpleasant relationships. In spite of relationship happiness being under control, relationship status was still linked to personal wellbeing. According to a longitudinal investigation, improvements in personal wellbeing accompanied a change to more committed marriages. There was no evidence to support the idea that wealthy individuals choose to remain in long-term marriage relationships.

**28- Noonan (2004)** To calculate the impact of a child's bad health on the father's presence, we analysed data from the Fragile Families and Child Good Study. We investigated whether parents continued to reside in the same ménage 12 to 18 months after the child's birth and if their relationships evolved over time (married, living apart, romantically attached, Musketees, or not involved). We calculated that within this short time, having a sick kid reduced the likelihood that the parents shared a home by 10 chance points. Additionally, it increased by 6 chance points the likelihood that their relationship status would shift in the direction of reduced engagement. These findings suggest that both children's health and family dynamics influence their long-term health and economic circles.

**29- C. L. (2003)** This chapter looks at the many ways tone-regard is assessed and the effects these counterarguments have on our comprehension of what it is to have high or low tone-regard. The postulated source of tone- regard, potential gender disparities in which elements are most relevant, and discriminatory perspectives of the dimensionality and stability of tone- regard are only a few of the key abstract problems that the authors touch on in relation to the measure of tone- regard. The Rosenberg Self-Esteem Scale, the State Self-Esteem Scale, and the updated Janis- Field Passions of Inadequacy Scale are a few of the measures of tone-regard that are briefly stated as being specific to an individual. Measures created to evaluate implicit tone-regard are also mentioned. There are now the updated Rosenberg Self-Esteem Scale, Janis and Field Scale, and Current Studies Questionnaire.

**30- Fehr (2002)** In four studies, the aspects of relationship quality were investigated. Based on a major components analysis, Study 1 identified four traits that support the prototype of relationship quality: closeness, agreement, independence, and sexuality. The identical four-factorial design was employed in both the Canadian sample (Study 2) and the German sample (Study 2). (Study 3). Study 4 investigated the validity of scales based on the four-factorial structure of relationship quality using samples from Germany and Canada. The four scales were good at predicting relationship pleasure, with closeness making the biggest contribution and sexuality making the smallest. The four scales corresponded as expected with other close-relationship-relevant variables, including commitment, trust, love, and similar concepts. Discussion is held regarding implications for the measurement of relationship quality.

## **Chapter – 3**

# **METHODOLOGY**

### **Aim**

The goal of this study is to evaluate the link between relationship quality, self-esteem, and mental health throughout four stages of life.

### **Objectives**

- 1- To research the link between 22-year-olds' relationships, self-esteem, and mental health.
- 2- To investigate the connection between relationship quality and the mental health of people in their 32s.
- 3- To research the relationship between self-esteem and mental health in the 32+ age range.
- 4- To investigate the link between the state of a person's relationships, their sense of self, and their mental health.
- 5- To research the link between 42-year-olds' mental health, self-esteem, and quality of relationships.
- 6- To study the association between relationship quality, self-esteem and mental well-being of 52 year of age group.
- 7- To examine the major differences between individuals aged 22 and 32 in terms of relationship quality, self-esteem, and mental health.
- 8- To investigate the major disparity in participants' mental health between those who were 32 and 42 years old.
- 9- To examine the association between participants aged 32 and 42 and the level of their self-esteem.
- 10- To investigate the major disparity of participants' mental health between those who were 42 and 52 years old.
- 11- To examine the significant difference between participants' self-esteem and relationship quality at 42 and 52 years old.
- 12- To examine the important differences between individuals who were 52 and 22 years old in terms of relationship quality, self-esteem, and mental health.
- 13- To examine the substantial variation in relationship quality between individuals aged 22 and 42.
- 14- To study the significant difference between self-esteem and mental well-being of 22- and 42- year participants.

15- To study the significant difference between relationship quality, self-esteem and mental well-being of 32- and 42- year participants.

## Hypothesis

- 1- There is a strong correlation between the mental health of people in their 22s, the quality of their relationships, and their sense of self-worth.
- 2- There is a strong correlation between the quality of relationships and the mental health of people in their 32s.
- 3- In the 32-year-old age group, there is a considerable correlation between self-esteem and mental health.
- 4- In the 32-year-old age group, there is a substantial correlation between the quality of relationships, self-esteem, and mental health.
- 5- For those 42 years old and older, there is a substantial correlation between relationship quality, self-esteem, and mental health.
- 6- For people in the 52-year-old age bracket, there is a substantial correlation between relationship quality, self-esteem, and mental health.
- 7- There is a substantial difference between individuals who are 22 and 32 years old in terms of relationship quality, self-esteem, and mental health.
- 8- There is a considerable variation in the participants' mental health between the ages of 32 and 42.
- 9- There is a substantial difference between individuals aged 32 and 42 in terms of relationship quality and self-esteem.
- 10- The mental health of individuals in the 42- and 52-year age groups differs significantly.
- 11- There is a substantial difference in the quality of relationships and participants' self-esteem who are 42 and 52 years old.
- 12- The relationship quality, self-esteem, and mental health of individuals in the 52 and 22-year age groups differ significantly.
- 13- There is a considerable variation in the quality of relationships between individuals who are 22 and 42 years old.
- 14- There is a considerable difference between individuals aged 22 and 42 in terms of self-esteem and mental health.
- 15- There is a considerable difference between people aged 32 and 42 in terms of relationship quality, self-esteem, and mental health.

## Sample Selection

The research population for the current study was chosen utilizing a stratified sample technique from a distinct age range in order to obtain data from 120 individuals.

The participants received a brief explanation of the survey as well as information about the required amount of time. Those who volunteered to take part in the poll were given questions about the quality of their relationships, their self-esteem, and their mental health. Instructions for completing the questionnaire were provided.

## Sample Size

The study sample consist of 120 people with different relationship status of four different age groups i.e., age group of 22, 32, 42 and 52.

Age Group 22 there are 30 people

Age Group 32 there are 30 people

Age Group 42 there are 30 people

Age Group 52 there are 30 people

The qualification measures for this study were as per the following:

(A) Readiness to take part in the review;

(B) age >20 years;

(C) capacity to peruse, compose.

The surveys were controlled members. Altogether, 120 people groups with various age bunches consented to totally take part and finished up the surveys.

## Description of tools employed

### - Relationship Assessment Scale (RAS)

A quick 7-item self-report questionnaire called the Relationship Assessment Scale was created to gauge relationship satisfaction. Items are rated on a Likert scale of 1 to 5, with 5 being the highest score possible (high satisfaction). The total score can be between 3 and 35, with higher ratings indicating more fulfilling relationships.

### - Rosenberg Self-Esteem Scale (RSES)

The most widely used indicator of self-esteem in psychological research is the Rosenberg self-esteem scale (RSES). It was created by Dr. Morris Rosenberg as a gauge of general self-esteem, or the notion that one is inherently deserving and valued. In the RSES, respondents rate how much they agree with 10 statements, including "I feel like a person of worth, at least on an equal footing with others," "I believe I have a few positive traits, but I don't think I have much to be proud of (reverse scored)." Although a 4-point Likert answer style is generally used to administer it, the Guttman scale that it was initially designed as was (with scale points corresponding to Strongly Agree, Agree, Disagree, and Strongly Disagree).

### - Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

Researchers at the Colleges of Warwick and Edinburgh developed the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) using funding provided by NHS Wellbeing Scotland in order to facilitate the assessment of adult mental well-being in the UK.

The WEMWBS is a 14-item scale of mental well-being that includes emotional well-being as well as mental functioning. All of the items are stated clearly and speak to different aspects of good mental health. For scoring purposes, responses on a 1 to 5 Likert scale are added together. The lowest score on the scale is 14, and the highest is 70.

## Procedure

The main goal of the current study was to investigate the connections between relationship quality, self-esteem, and mental health during four distinct stages of life. Setting the parameters for the research and collecting data using a variety of methods, including observation, interviews, documents, and audio-visual materials, are required for data collection, according to Creswell (2009). In this study, 120

volunteers from various Indian age groups made up the sample. The investigation's participants were chosen using a stratified sampling strategy.

Data were collected using three different questionnaires i.e., Relationship Assessment Scale (RAS), Rosenberg self-esteem scale (RSES), and Warwick-Edinburgh Mental Well-being Scale (WEMWBS). After rapport formation was done instructions were given and time commitment was informed and inform consent form was also duly signed. They were also informed that the information provided by them would be kept confidential. However, there was no time limit for completion of the questionnaire.

However standard time to complete these questionnaires characteristically ranged from 5-10 minutes. To trim down estimation anxiety, participants were educated about no right or wrong answers. They were boosted to answer all questions as truthfully as possible. The scoring of each questionnaire was done as per the instructions given in their respective manuals.

## Statistical Analysis

The primary goal of the current study was to determine the link(s) between relationship quality, self-esteem, and mental health.

IBM SPSS Statistics was used for all analyses. There were four separate age groups for which these analyses were done.

Plan for data analysis aids in accurate score correspondence prediction.

- i. Moment correlation of coefficient according to Pearson's product

The degree of relationship between two variables is assessed using correlation analysis. It serves as a thorough indicator of the linear correlation between two variables, producing a value between +1 and -1, where +1 denotes a fully positive correlation, 0 denotes a total lack of connection, and -1 denotes a fully negative correlation. In this case, the researcher employed product moment correlation to examine the relationship between the variables under consideration.

- ii. T Test

To compare the means of two groups, a statistical test known as a t-test is used. It is widely used in hypothesis testing to see whether a technique or treatment actually has an impact on the population of interest or whether two groups are different from one another.

Hence, for data analysis, investigator used Pearson correlation coefficient and T test to see the difference in scores of the variables.

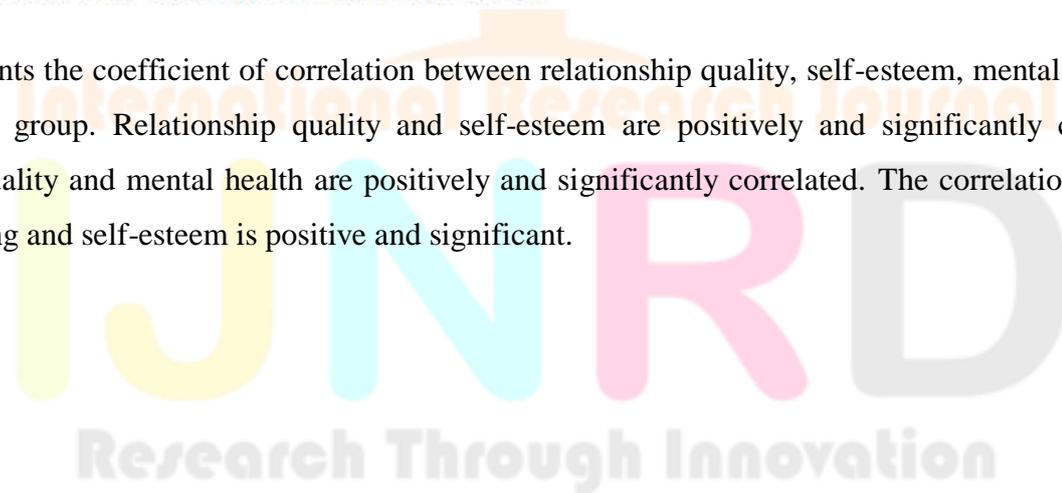
**Chapter - 4****ANALYSIS OF RESULT****Correlation Analysis***Table 1 Pearson's correlation between relationship quality, self-esteem, mental wellbeing across 22-year age groups*

		RELATIONSHIP QUALITY	SELF-ESTEEM	MENTAL WELL BEING
RELATIONSHIP QUALITY	Pearson Correlation	1	.436*	.471**
	Sig. (2-tailed)		.016	.009
	N	30	30	30
SELF-ESTEEM	Pearson Correlation	.436*	1	.550**
	Sig. (2-tailed)	.016		.002
	N	30	30	30
MENTAL WELL BEING	Pearson Correlation	.471**	.550**	1
	Sig. (2-tailed)	.009	.002	
	N	30	30	30

\*. Correlation is significant at the 0.05 level (2-tailed).

\*\*. Correlation is significant at the 0.01 level (2-tailed).

Table 1 represents the coefficient of correlation between relationship quality, self-esteem, mental wellbeing of 22-year age group. Relationship quality and self-esteem are positively and significantly correlated. Relationship quality and mental health are positively and significantly correlated. The correlation between mental wellbeing and self-esteem is positive and significant.



*Table 2 Pearson's correlation between relationship quality, self-esteem, mental wellbeing across 32-year age groups*

		RELATIONSHIP QUALITY	SELF-ESTEEM	MENTAL WELL BEING
RELATIONSHIP QUALITY	Pearson Correlation	1	.196	.413*
	Sig. (2-tailed)		.298	.023
	N	30	30	30
SELF-ESTEEM	Pearson Correlation	.196	1	.619**
	Sig. (2-tailed)	.298		.000
	N	30	30	30
MENTAL WELL BEING	Pearson Correlation	.413*	.619**	1
	Sig. (2-tailed)	.023	.000	
	N	30	30	30

\*. Correlation is significant at the 0.05 level (2-tailed).

\*\*. Correlation is significant at the 0.01 level (2-tailed).

Table 2 represents the coefficient of correlation between relationship quality, self-esteem, mental wellbeing of 32-year age group. Though not statistically significant, there is a favorable association between relationship quality and self-esteem. Relationship quality and mental health are positively and significantly correlated. The correlation between mental wellbeing and self-esteem is positive and significant.

*Table 3 Pearson's correlation between relationship quality, self-esteem, mental wellbeing across 42-year age groups*

		RELATIONSHIP QUALITY	SELF-ESTEEM	MENTAL WELL BEING
RELATIONSHIP QUALITY	Pearson Correlation	1	.630**	.507**
	Sig. (2-tailed)		.000	.004
	N	30	30	30
SELF-ESTEEM	Pearson Correlation	.630**	1	.539**
	Sig. (2-tailed)	.000		.002
	N	30	30	30
MENTAL WELL BEING	Pearson Correlation	.507**	.539**	1
	Sig. (2-tailed)	.004	.002	
	N	30	30	30

\*\*. Correlation is significant at the 0.01 level (2-tailed).

Table 3 represents the coefficient of correlation between relationship quality, self-esteem, mental wellbeing of 42-year age group. Relationship quality and self-esteem are positively and significantly correlated. Relationship quality and mental health are positively and significantly correlated. The correlation between mental wellbeing and self-esteem is positive and significant.

*Table 4 Pearson's correlation between relationship quality, self-esteem, mental wellbeing across 52-year age groups*

		RELATIONSHIP QUALITY	SELF-ESTEEM	MENTAL WELL BEING
RELATIONSHIP QUALITY	Pearson Correlation	1	-.065	.308
	Sig. (2-tailed)		.733	.098
	N	30	30	30
SELF-ESTEEM	Pearson Correlation	-.065	1	.297
	Sig. (2-tailed)	.733		.112
	N	30	30	30
MENTAL WELL BEING	Pearson Correlation	.308	.297	1
	Sig. (2-tailed)	.098	.112	
	N	30	30	30

Table 4 represents the coefficient of correlation between relationship quality, self-esteem, mental wellbeing of 52-year age group. The correlation between relationship quality and self-esteem is negative and not significant. The correlation between relationship quality and mental wellbeing is positive but not significant. The correlation between mental wellbeing and self-esteem is positive but not significant.

## T Test

*Table 5 independent sample T Test between 22 and 32 years across relationship quality, self-esteem, mental wellbeing*

Variables	Mean	t-statistics
Relationship quality	22 22.90	3.150**
	32 18.66	
Self-esteem	22 28.16	2.180*
	32 25.03	
Mental wellbeing	22 42.20	2.748**
	32 35.40	

Table 5 indicates the t statistics between 22- and 32-year people for the relationship quality, self-esteem, and mental wellbeing. Results reveal that the difference in the relationship quality, self-esteem, mental wellbeing of 22- and 32-year people was significant.

*Table 6 Independent sample t test between 32 and 42 years across relationship quality, self-esteem, mental wellbeing*

Variables	Mean	t-statistics
Relationship quality	32 18.66	-.916
	42 19.53	
Self-esteem	32 25.03	-.930
	42 25.86	
Mental wellbeing	32 35.40	-2.322*
	42 40.16	

Table 6 indicates the t statistics between 32- and 42-year people for the relationship quality, self-esteem, and mental wellbeing. Results reveal that only the difference in the mental wellbeing of 32- and 42-year people was significant.

*Table 7 Independent sample t test between 42 and 52 years across relationship quality, self-esteem, mental wellbeing*

Variables	Mean	t-statistics
Relationship quality	42 19.53	-1.630
	52 21.60	
Self-esteem	42 25.86	-1.799
	52 27.76	
Mental wellbeing	42 40.16	-2.055*
	52 43.96	

Table 7 indicates the t statistics between 42- and 52-year people for the relationship quality, self-esteem, and mental wellbeing. Results reveal that only the difference in the mental wellbeing of 42- and 52-year people was significant.

*Table 8 Independent sample t test between 52 and 22 years across relationship quality, self-esteem, mental wellbeing*

Variables	Mean	t-statistics
Relationship quality	52 21.60	-.819
	22 22.90	
Self-esteem	52 27.76	-.259
	22 28.16	
Mental wellbeing	52 43.96	.765
	22 42.20	

Table 8 indicates the t statistics between 52- and 22-year people for the relationship quality, mental health, and self-worth. Results reveal that the difference in the relationship quality, mental health, and self-worth of 52- and 22-year people was not significant.

*Table 9 Independent sample t test between 22 and 42 years across relationship quality, self-esteem, mental wellbeing*

Variables	Mean	t-statistics
Relationship quality	22 22.90	2.514*
	42 19.53	
Self-esteem	22 28.16	1.564
	42 25.86	
Mental wellbeing	22 42.20	.866
	42 40.16	

Table 9 indicates the t statistics between 22- and 42-year people for the relationship quality, self-esteem, and mental wellbeing. Results reveal that only the difference in the relationship quality of 22- and 42-year people was significant.

*Table 10 Independent sample t test between 32 and 52 years across relationship quality, self-esteem, mental wellbeing*

Variables		Mean	t-statistics
Relationship quality	32	18.66	-2.304*
	52	21.60	
Self-esteem	32	25.03	-2.708**
	52	27.76	
Mental wellbeing	32	35.40	-4.269**
	52	43.96	

Table 10 indicates the t statistics between 32- and 52-year people for the relationship quality, self-esteem, and mental wellbeing. Results reveal that the difference in the relationship quality, self-esteem, mental wellbeing of 32- and 52-year people was significant.

## **Chapter - 5**

### **DISCUSSION**

In four stages of the life cycle, the present study looked at the link between relationship quality, self-esteem, and mental health. By tracking these correlations in one prospective age cohort from young adulthood through middle adulthood, the study expanded on earlier findings.

Your ability to maintain interpersonal connections is crucial to your existence. These ties might be warm and friendly or tense and aloof. Numerous relationships, regardless of their structure, add to the social network that is necessary for your mental and emotional well-being.

**Relationship:** You could be in a relationship with a variety of people, including family and friends. The phrase "being in a relationship" can apply to a number of connections, although being usually used to describe romantic relationships. Physical closeness, emotional ties, and/or commitment are not requirements to "be in a relationship." People form a vast range of relationships, each with its own unique characteristics.

**Self- Esteem:** Self-esteem refers to how we view and respect ourselves. Because it is founded on our views and beliefs about ourselves, changing them can be challenging. This could also be seen to be self-assurance. Depending on your level of self-worth, you might: Respect and admire who you are as a person, Able to take initiative and be assertive, know your advantages, A willingness to try new or challenging things, treat yourself with respect, avoid unnecessarily condemning oneself and move past mistakes, give yourself the space you require, consider yourself important and adequate, recognize your right to joy.

**Mental Well- Being:** Our mental health has a significant influence on our general health. Our bodies' condition, our eating patterns, and our degree of physical activity are usually seen by society as indicators of our health on a biological and physical level. However, this is missing a vital component for health. It has to do with our mental well-being, which encompasses both our internal processes and how we identify with ourselves in daily life. The ability to flourish despite ups and downs in a range of life sectors, such as relationships, job, recreation, and more, is often referred to as mental health. It is the conviction that we can overcome our challenges and the understanding that we are not defined by them.

The findings indicate an important and advantageous connection between relationship quality and self-esteem for individuals in the 22-year-old age group. Mental health and relationship quality are significantly and favourably associated. There is solid and convincing evidence between mental health and self-esteem. There is a weak but Relationship quality is positively correlated with self-esteem in the 32-year-old age group. Mental health and relationship quality are significantly and favourably associated. There is solid and convincing evidence between mental health and self-esteem. Additionally, it was discovered that among

people 42 years of age and older, relationship quality and self-esteem have a strong and favourable link. Mental health and relationship quality are significantly and favourably associated. There is solid and convincing evidence between mental health and self-esteem. There is a somewhat negative correlation between relationship quality and self-esteem in the 52-year-old age group. The strength of relationships and mental health are positively correlated, albeit this relationship doesn't have statistical significance. The connection between mental health & self-esteem is tenuous but beneficial.

Additionally, the findings indicate that those between the ages of 22 and 32 had stronger relationships, self-esteem, and mental health. The findings indicate that there was a significant difference in relationship quality, self-esteem, & mental wellness between those 22 and 32 years old. For people between the ages of 32 and 42's mental health, relationship quality, and sense of self-worth. The results showed that only the difference in mental health between individuals aged 32 and 42 was significant. Regarding the mental health of people between the ages of 42 and 52, relationship quality, and self-esteem. The results showed that only the difference in mental health between individuals aged 42 and 52 was significant. In people aged 52 and 22, for relationship quality, self-esteem, and mental wellness. The findings indicate that there was no statistically significant difference in relationship quality, self-esteem, or mental health between persons aged 52 and 22. for people between the ages of 22 and 42's mental health, relationship quality, and sense of self-worth. The only significant difference between the quality of relationships between adults between the ages of 22 and 42, according to the research. among 32- and 52-year-olds for relationship quality, self-esteem, and mental wellness. The results reveal a significant difference between 32- and 52-year-olds in terms of relationship quality, self-esteem, and mental wellness.

As a result, we can see that there are considerable differences in the majority of characteristics.

More precise results can be obtained from data with a bigger sample size and more tightly controlled demographic characteristics.

According to one of the earlier research (Grundstrom & Kiviruu, 2021), the purpose of this study was to assess the associations between relationship status and mental health at four phases of life and to ascertain if relationship quality had an impact on these associations. We developed a broader definition of relationship status and included the advantageous element of mental health rather than concentrating just on married status. At years 22, 32, 42, and 52 of a Finnish cohort study, participants were reevaluated (N = 1,656, 1,471, 1,334, and 1,159, respectively). All research panels included assessments of relationship quality, relationship status (marriage, cohabitation, dating, single, and divorced/widowed), the Short Beck Depression Inventory (S-BDI), and self-esteem (seven questions) (six items). Regression analysis was used for the analysis. In our modern society, when the prevalence of marriage is declining and other types of relationships are increasing, these findings on mental health across five relationship statuses are crucial.

This study show that relationship does have the association with person's self- esteem and mental well-being in variation by age.

## **Chapter - 6**

### **SUMMARY AND CONCLUSION**

It can be thus concluded that the association and differences across relationship quality, self-esteem and mental well-being do exist across the age group.

The findings indicate a significant and advantageous association between relationship quality and self-esteem for individuals in the 22-year-old age group. Mental health and relationship quality are strongly and favourably associated. There is solid and convincing evidence between mental health and self-esteem. There is a weak but positive correlation between relationship quality and self-esteem in the 32-year-old age group. Relationship quality and mental health are positively and significantly correlated. Positive and significant evidence exists that self-esteem and mental health are related. Additionally, it was found that there is a strong and positive association between relationship quality and self-esteem among those 42 years of age and older. Relationship quality and mental health are positively and significantly correlated. Positive and significant evidence exists that self-esteem and mental health are related. In the 52-year-old age group, there is a weak negative association between relationship quality and self-esteem. Although not statistically significant, there is a favourable association between relationship quality and mental wellbeing. There is a slight yet positive association between mental health and self-esteem.

Additionally, the findings indicate that those between the ages of 22 and 32 had stronger relationships, self-esteem, and mental health. The findings indicate that there was a significant difference in relationship quality, self-esteem, and mental wellness between individuals 22 and 32 years old. For those between the ages of 32 and 42's mental health, relationship quality, and sense of self-worth. The results showed that only the difference in mental health between individuals aged 32 and 42 was significant. Regarding the mental health of people between the ages of 42 and 52, relationship quality, and self-esteem. The results showed that only the difference in mental health between individuals aged 42 and 52 was significant. In people aged 52 and 22, for relationship quality, self-esteem, and mental wellness. The findings indicate that there was no statistically significant difference in relationship quality, self-esteem, or mental health between persons aged 52 and 22. For people between the ages of 22 and 42's mental health, relationship quality, and sense of self-worth. The only significant difference in the quality of relationships between adults between the ages of 22 and 42, according to the research. For relationship quality, self-esteem, and mental health in 32- and 52-year-olds. The findings show that there was a substantial difference between the relationship quality, self-esteem, and mental wellness of 32- and 52-year-olds.

Thus, we can observe that at most aspects significant difference does exist.

A data with larger sample and with more controlled demographic variables can provide more precise results.

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