Interpersonal Relationship and Positive Health: A Critical Review

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Health is optimal well-being that contributes to quality of life. It is more than freedom from disease and illness, though freedom from disease is important for good health. Optimal health includes high-level mental, social, emotional, spiritual, and physical wellness within the limits of one’s heredity and personal abilities. Psychology and psychiatry had done reasonably well with mental illness, suffering, victims, depression, anger, substance abuse, and anxiety. But they had done poorly with mental health, positive emotions, engagement, purpose positive relationships, and positive accomplishments. The mental disorders, in short, somewhat impede, but do not remotely preclude, positive emotion, engagement, purpose, positive relationships, and positive accomplishment (Haidt, 2006; Lyubomirsky, 2007; Seligman, 2002).

POSITIVE HEALTH

Positive health has been called ‘central to the philosophy of health promotion’ (Nutbeam, 1986). However, definitions of the concept which could provide a sound basis for measurement have proved elusive. In consequence epidemiology which has been so powerful in revealing the causes of disease and illness has rarely been applied to positive health. In contradistinction to positive health authors may set negative health, a global term, to describe all undesirable health states (disease, distress, disability, illness, etc.).

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These states have proved easier to define. A rather different approach is represented by the definition of positive health as ‘a state in which a person is able to work to fulfill his or her realistic chosen and biological potential’ (Seedhouse, 1986). Although, conceptually satisfactory definitions of this type are very difficult to use as a basis for measurement. Positive health of an individual may be influenced by many factors. Its indicators can be biological; psychological like personality, emotions or socio-cultural like interpersonal relationship, ethnic group, life style, etc. In this chapter, interpersonal relationship has been taken. Interpersonal relationship is an important factor which plays role in determining positive health.

**INTERPERSONAL RELATIONSHIP**

People are not made to walk alone and nothing can be all alone. Indeed, personal relations seem to constitute an important factor in people’s lives. An interpersonal relationship is an association between two or more people that may range from fleeting to enduring. This association may be based on inference, love, solidarity, regular business interactions, or some other type of social commitment. Interpersonal relationships are formed in the context of social, cultural and other influences. The context can vary from kinship relations, friendship, marriage, relations with associates work, clubs, neighborhoods, and places of worship. Interpersonal relationships usually involve some level of interdependence. People in a relationship tend to influence each other, share their thoughts and feelings, and engage in activities together. Because of this interdependence, most things that change or impact one member of the relationship will have some level of impact on the other member (Berscheid and Peplau, 1983). The main components which are studied in interpersonal relationship are social support, social relationships, intimate relationship, love, romantic relationship, attachment styles.

**Intimate Relationship**

An intimate relationship is a particularly close interpersonal relationship that involves physical or emotional intimacy. Physical
Kinship Relationship: Kinship relationships, including family relationships, being related to someone else by blood (consanguinity). For example, there is fatherhood or motherhood.

Social Support: Social support is defined as consisting of six categories of relational provisions: attachment, social integration, opportunity for nurturance, reassurance of worth, a sense of reliance, and obtaining guidance and information in stressful situations (Weiss, 1974). Theory about social relations states that the need to relate motivates people’s actions and, that the level of satisfaction of this need, influences their emotions and subjective well-being (WHO, 2000). This need has been labeled “belongingness”, which has been described as the phenomenon that humans have a pervasive drive to form and maintain some minimum number of lasting positive and significant interpersonal relationships (Baumeister and Leary, 1995).

Attachment Styles: Attachment theory is one way to study and understand interactions with significant others, both in infancy and throughout life (Bowlby, 1969, 1973, 1980; Hazen and Shaver, 1987). Attachment theory focuses on a personal characteristic rather than an active process as is incorporated in the Health belief model. Ainsworth, Blehar, Waters and Wall, (1978) proposed a three-group attachment model among infants. The groups include secure attachment, characterized by a positive emotional relationship with the caretaker, ambivalent, typically displaying distress and helplessness towards the caregiver, and avoidant, marked by little affect and avoiding contact with the caregiver (Wicks-Nelson and Israel, 2000).

Hazen and Shaver (1987) demonstrated a connection between a person’s working model of self and relationships and that person’s attachment style in childhood. Further studies support that attachment dimensions are relatively stable throughout life and are good
predictors of relationship quality (Shaver and Brennan, 1992). Bartholomew (1990) proposed a forced-choice, four-category attachment style model. Secure and ambivalent (alternatively termed ‘preoccupied’) styles were included, but the avoidant attachment style was divided into fearful-avoidant and dismissive-avoidant, based on the belief that attachment style can be determined by the person’s model of self (positive or negative) and model of others (positive or negative). Those with fearful or dismissive attachment styles are alike in avoiding intimate relationships, but differ in that people with dismissive attachment styles rely less on other’s acceptance to keep a positive self-image (Bartholomew and Horowitz, 1991).

**Interpersonal Relationship and Well-being**

Subjective well-being, main component of positive health, involves frequent pleasant emotion, infrequent unpleasant emotion, and life satisfaction. The first two components are affective; the last is a cognitive evaluation. These three components are not the only elements of Subjective well being. Happiness also can be said to consist of other dimensions such as meaning and purpose in life.

It seems that different kinds of relations have considerable impact on positive feelings. However, it seems interesting to investigate whether all kinds of personal relationships impact on positive feelings similarly. More precisely one can ask if the qualities of different kinds of relations contribute similarly to create a single, coherent influence on happiness or, if not, what kind of differential role different kinds of personal relations take in this. Personal relationships are often considered to affect subjective well-being as a one-dimensional entity. Indeed, several multiple item measures of subjective well-being handle the social or personal relationships domain as a single, general life domain, (Cummins, 1997) and the Personal Well-being Index (International Well-being Group, 2006). Love and satisfaction in romantic relationship constitute very important predictors of happiness, well-being, life satisfaction and other positive emotions (Chen, Cohen, Kasen, Gordan, Dufur and Smailes, 2004; Diener and Lucas, 2000; Kamp and D’Amato, 2005; Kim and Hatfield, 2004).
Cohen and Wills (1985) proposed that being in a sound social network that buffers the effects of psychological stress is beneficial to well-being. The literature provides clear evidence of an association between perceived social support and well-being. It has been stated that satisfactory interpersonal relationships are important for college students in terms of life quality. In a study by Bailey and Miller (1998), it was proposed that students who were more satisfied with their lives also had more satisfying family relationships.

Since subjective well-being is commonly defined as an aggregate of life satisfaction and the balance of affect, it is not surprising that happy individuals demonstrate both global satisfaction with their lives (Diener, 1984; Argyle, 1987; Myers and Diener, 1995) and satisfaction within specific life domains, such as work, recreation, friendship, marriage, health, and the self (Campbell, 1981; Argyle, 1987; Eysenck, 1990; Lepper, 1996). Two dimensions of attachment orientations (anxiety and avoidance) were directly associated with higher levels of depression and anxiety and lower levels of emotional well-being (Carnelley, Pietromonaco, & Jaffe, 1994; Priel & Shamai, 1995).

**Interpersonal Relationship and Self-esteem**

Self-esteem is the evaluative aspect of the self-concept that corresponds to an overall view of the self as worthy or unworthy (Baumeister, 1998). Self-esteem is the emotional response that people experience as they contemplate and evaluate different things about themselves. It is generally believed that there are many benefits of having a positive view of the self. Having high self-esteem apparently provides benefits to those who possess it: They feel good about themselves, they are able to cope effectively with challenges and negative feedback, and they live in a social world in which they believe that people value and respect them.

Self-esteem as a mediator seems especially promising given studies finding differences in self-esteem between attachment style groups. Though, groups with secure attachment styles consistently score higher on self-esteem than those with preoccupied attachment
styles, the relation between self-esteem and avoidant attachment style relative to secure or preoccupied styles is unclear (e.g., Bylsma, Cozzarelli and Sumer, 1997; Brennan and Bosson, 1998; Man and Hamid, 1998). This is perhaps due to the failure to distinguish fearful and dismissive styles. Indeed, individuals with a dismissive attachment style have been shown to have higher self-esteem than those with fearful attachment style (Bylsma, Cozzarelli and Sumer, 1997).

Given the well-established relation between self-esteem and health behavior, the impact of attachment style on health behavior may be mediated by self-esteem differences between attachment style groups. Individuals with fearful and preoccupied styles of attachment had the lowest self-esteem of the attachment style groups and poor health behaviors, suggesting that a high dependence on relationships to maintain self-esteem, combined with unsatisfying relationships, may be particularly damaging. Freedman (1978) found that similar high proportions (56%) of homosexuals and heterosexuals said they were very or moderately happy in their love relationships, and only 30% of both groups said they were unhappy in love. Individuals in East Asian cultural contexts are highly motivated to adjust and fit themselves to the pertinent social relations.

Yarcheski, Mahon and Yarcheski (2003) examined the relations of social support and self-esteem to positive health practices in early adolescents. They found a correlation of .59 (p<.05) between scores on social support and scores for positive health practices, and a correlation of .44 (p<.05) between scores on the Rosenberg Self-esteem Scale and scores for positive health practices.

Leary, Tambor, Terdal, and Downs (1995) have proposed a novel and important social account of self-esteem. Sociometer theory begins with the assumption that humans have a fundamental need to belong that is rooted in evolutionary history (Baumeister and Leary, 1995). For most of human evolution, survival and reproduction depended on affiliation with a group. Those who belonged to social groups were more likely to survive and reproduce than those who were excluded from groups. According to the
sociometer theory, self-esteem functions as a monitor of the likelihood of social exclusion. When people behave in ways that increase the likelihood they will be rejected, they experience a reduction in state self-esteem. Thus, self-esteem serves as a monitor, or sociometer, of social acceptance–rejection. Greater consensus exists regarding the definition of self-esteem. Self-esteem has been defined as a global feeling of self-worth or adequacy as a person, or generalized feelings of self-acceptance, goodness, and self-respect (Coopersmith, 1967; Crocker and Major, 1989; Rosenberg, 1965; Wylie, 1979). This global, personal judgment of worthiness is characterized as the evaluative component of the self (Campbell, 1990), and as distinct from collective or racial self-esteem (Crocker and Major, 1989).

The quality of relationships between adolescents and their peers and parents have been found to affect self-esteem and life satisfaction considerably (Armsden and Greenberg, 1987). A number of studies suggest that close friendships can help buffer stress (Reis, 1984) and avert distress due to loneliness, anxiety, boredom, and loss of self-esteem (Peplau and Perlman, 1982; Argyle, 1987).

In a longitudinal study involving about 200 fifteen-year-old German adolescents, Noack and Puschner (1999) found that those from families high on socioemotional bonds obtained higher self-esteem scores as a measure of psychosocial adaptation. High attachment anxiety characterizes individuals who are anxious, clingy and dependent on their relationship partners, have negative representations of themselves (i.e., lower self-esteem), are preoccupied about their interpersonal relationships, and fear abandonment.

**Interpersonal Relationship and Happiness**

Happiness may be defined as a positive emotional state that is most general and, thus, not restricted to any specific circumstances or events (Kitayama, Markus and Matsumoto, 1995; Kitayama and Markus, 2000). Defined in this broad term, happiness is likely to be universal. Although happiness is experienced as unqualified, this experience itself is embedded in specific socio-cultural contexts and circumstances and, therefore, is likely to be highly contingent on
these contexts and circumstances. One of the most important sources of happiness is personal relationships (Argyle, 1987; Diener, 1984; Ryff, 1989; Myers, 1992; Myers and Diener, 1995). Americans increasingly long workdays cut into time spent connecting with others—fostering relationships with romantic partners, friends, and family. And it is these relationships that are essential for personal happiness (Diener and Seligman, 2002; Ryan and Deci, 2001).

For instance, people are most happy when socializing and during intimate relations, i.e., connecting activities and least happy when working and commuting, i.e., independent activities (Kahneman, Krueger, Schkade, Schwarz, and Stone, 2004). Similarly, students’ happiness levels were found to exceed their personal average while they were interacting with friends, but dropped below average while they were doing schoolwork (Csikszentmihalyi and Hunter, 2003). Therefore, it is critical to identify factors that influence individuals’ tendencies to engage in these often competing activities.

Commitments to social roles, social obligations, and readiness to respond to social expectations are all manifestations of this socially oriented motivation for realizing an interdependent self (Morling, Kitayama and Miyamoto 2002; Weisz, Rothbaum and Blackburn, 1984). This implies that happiness in East Asian cultures is likely to depend crucially on the realization of positive social relationship of which the self is part. Personal happiness often damages social relationship. For example, emphasizing a success of the self may lead to jealousy and envy by others. The personal form of happiness is therefore often perceived to be tainted and incomplete, and as a consequence, there is no strong desire to pursue personal happiness at the expense of social harmony. Instead, happiness is seen as an inter-subjective state that is grounded in mutual sympathy, compassion, and support. In short, happiness is constructed as realization of social harmony (Kitayama and Markus, 2000).

It has been shown that the absence of close personal relationships is strongly related to unhappiness (Argyle, 1999; Myers, 1992). High levels of subjective well-being and happiness have been reported in people with high belongingness motivation (McAdams and Bryan, 1987).
Numerous studies support a link between happiness and friendship, marriage, intimacy, and social support. For example, one study showed that those who named five or more friends with whom they discussed important matters in the last 6 months were 60% more likely to report being “very happy” (cited in Myers, 1992; Henderson, Byrne and Duncan-Jones, 1981). Indeed, people are happiest when with friends (Csikszentmihalyi and Hunter, 2003). Also, happy people are more likely to have friends who encourage and support them (Myers, 1992).

In many studies it has been revealed that love is an important predictor of happiness, satisfaction, and positive emotions (Anderson, 1977; Diener & Lucas, 2000; Freeman, 1978; Myers, 1992). It is believed that various acts, such as kissing, sex, emotional contacts, and companionship exchanged in love relationships contribute to happiness (Glenn & Weaver, 1978; Ross, Mirowsky, & Goldesteen, 1990).

**Interpersonal Relationship and Hope**

Hope is the emotional state which promotes the belief in a positive outcome related to events and circumstances in one’s life. Acc. to Synder (1994) “Hope is the sum of the mental willpower and waypower that you have for your goals.

Hope, relationship satisfaction, self-disclosure, and trust have all been found to be related to friendship attachment, but their effects have not been studied simultaneously. Secure peer attachment relationships are specifically linked to increased hopefulness (Moller, Fouladi, McCarthy and Hatch, 2003).

Hope is related to view of self through a perceived sense of self-efficacy (Bryant and Cvengros, 2004). In attachment relationships, hope for a relationship is developed through having needs met in previous relationships and viewing oneself as worthy, resulting in positive expectations and a positive self-concept. Dismissing people are able to maintain hope as they have a positive view of self, but fearful and preoccupied individuals, having a negative view of self, have difficulty maintaining high levels of hope.
The relationship between hope and friendship attachment can be clarified through Dufault and Martocchio’s (1985) concept of particularized hope, in which the relationship with an attachment figure is the particular object, as this concept supports a view of hope as being expected satisfaction with the relationship.

Welch and Houser (2010) found significant relationships between attachment styles and hope, self-disclosure, and relationship satisfaction. Specifically, securely attached individuals showed significantly more hope, self-disclosure, and relationship satisfaction than individuals with fearful attachment styles. In addition, individuals with fearful attachment styles showed significantly less hope, self-disclosure, and relationship satisfaction than individuals with secure, dismissing, or preoccupied attachment styles.

**Interpersonal Relationship and Life Satisfaction**

Life satisfaction has been defined as “a global assessment of a person’s quality of life according to his or her chosen criteria” (Shin and Johnson, 1978). Life satisfaction involves an aspect of judgment, whereby individuals evaluate the quality of their lives based on particular criteria (Pavot and Diener 1993). Life satisfaction has been considered as a central construct of SWB (Diener and Diener 1995), and has become a wide-ranging research field among social scientists (Diene, Oishi and Lucas, 2003).

Life satisfaction is a multifaceted construct that refers to one’s overall evaluation of life domains such as health, finances, job, self-esteem, and interpersonal relationships (Michalos, 1991). Societies differ in the emphasis they place on certain values and resources, so it seems likely that the life satisfaction levels of members in various societies are influenced to different degrees by various predictors of life satisfaction. Two predictors of life satisfaction—self-esteem and the quality of interpersonal relationships, which is defined as maintaining good interpersonal relationships with others—have received much attention from cross-cultural psychologists because the core priorities of individualism (e.g., independence and uniqueness) and collectivism (e.g., fitting into a web of interpersonal
Interpersonal Relationship and Positive Health Practices

Some psychologists examined the relationship between social support and Positive health practices in adolescents (Ayres, 2008; relationships) are closely associated with self-esteem and relationship quality, respectively (Markus and Kitayama, 1991; Triandis, 1989).

Headey, Veenhoven and Wearing (1991) reported that marital satisfaction significantly provided a significant influence in adults’ global life satisfaction reports. Edward and Lopez (2006) reported that perceived family support was a significant predictor of life satisfaction. Similarly, Henry (1994) and Chang, McBride Chang, Stewart and Au (2003) found that parental support was positively related to satisfaction with life.

In a study conducted with a Turkish sample (Deniz, 2006), it was found that there was a significant relationship between seeking social support and life satisfaction. In addition, it has been stated that having satisfying relationships with faculty members is beneficial for college students (Hagedorn, Maxwell, Rodriguez, Hocevar and Fillpot, 2000). For instance, Sax, Bryant and Harper (2005) found that perceived support from faculty was related to various positive outcomes, such as emotional well-being. Together, these studies show the importance of social support of various forms in the life satisfaction experience of college students.

Hwang, Johnston and Smith (2009) examined the impact of adult attachment style on overall psychosocial adjustment among people with physical disabilities. They found that secure attachment style predicted higher self esteem. Both attachment security and physical independence were independently related to life satisfaction.

Yalcın (2011) found significant relationships among predictive value of optimism, perceived support from family and perceived support from faculty in determining life satisfaction of college students in Turkey with regression analysis indicating that perceived support from family, perceived faculty support, and optimism were statistically significant predictors of life satisfaction.

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Mahat and Scoloveno, 2001; Mahat, Scoloveno and Whalen, 2002; Mahon, Yarcheski and Yarcheski, 2004; Yarcheski, Mahon and Yarcheski, 2003).

The relationships among self-esteem, stress, social support, coping, eating behavior, and depressive mood have not been examined simultaneously, nor has coping been examined as a mediator of this process. Obesity has been linked to stress induced eating, low levels of social support, and inadequate coping skills (Laitinen, Ek, and Sovio, 2002). The teen years are associated with changes in self-esteem and stress related to school, family, friends, self, and one’s future.

Social relationships with significant others may also impact health behavior (Broman, 1993). The modeling of preventive health behavior by friends and parents may influence individuals’ beliefs and behaviors regarding preventive health behavior (Lau, Quadrel, and Hartman, 1990). However, the personal ways individuals generally interact with significant others, and the influence on health behavior, are not fully understood.

Feeney (2000) argues that because “attachment styles are thought to reflect generalized responses to distress, they may hence be linked with other variables that previous research has implicated in health behavior”. Research has primarily focused on substance use, suggesting that secure attachment is associated with better health behavior than avoidant and preoccupied attachment styles, including drinking to cope, general drinking behavior, drug use, and number of sexual partners (Walsh, 1992; Brennan and Shaver, 1995). However, the lack of research with all four attachment styles precludes a distinction between the impact of dismissive and fearful styles on health behavior.

The role of social support in adolescent eating behavior is supported by evidence that it buffers stressful experiences (Yarcheski and Mahon, 1999), by enhancing positive coping strategies (Brissette, Scheier, and Carver, 2002). Social support has been shown to have a direct impact on health behavior (Mahon, Yarcheski and Yarcheski,
2004), including dietary practices (Kubik, Lytle, and Fulkerson, 2005). Overweight adolescents have lower levels of social support and participate in fewer health promoting behaviors than adolescents with normal body weight (Chen, Wang, and Chang, 2006). The lower levels of social support may be related to the stigmatization of being overweight, which may limit social networks and thus contribute to social isolation (Falkner, Neumark-Sztainer, Story, Jeffrey, Beuhring, and Resnick, 2001).

CONCLUSION

Reviewing the research in positive psychology reveals many important emotional and dispositional factors that contribute to subjective well-being among adults. Taking this review a step further, to include the role of positive institutions as well as the effects of such institutions on positive youth development, can offer tremendous insight into strategies for promoting happy and healthy adolescents. Studies conducted thus far provide promising evidence that interventions aimed at promoting sense of community and civic engagement within communities can lead to thriving behaviors among young people, giving them the potential to develop into psychologically resilient, flourishing adults who embody the true goals of positive psychology.

REFERENCES


