Chapter 1

INTRODUCTION
This research examines the role of being in an intimate relationship on individuals’ facets of self and emotional wellbeing. The study examines four different types of intimate relationships – live-in relationships/cohabitation (heterosexual), romantic relationships (heterosexual, not living together), cross-sex friendships, and same-sex friendships. For each of these relationships, a measure of each individual’s perceived relationship quality is taken and its influence is examined on three facets of self (self-esteem, self-disclosure, and self-monitoring) as well as their emotional wellbeing.

This chapter gives a broad overview of intimate relationships and its association with self and wellbeing.

**INTERPERSONAL THEORY OF PSYCHIATRY**

One of the earliest persons who extensively asserted the importance of interpersonal relationships was Harry Stack Sullivan. Influenced by earlier self theorists such as Cooley and Mead, Sullivan (1953) placed great emphasis on the social, interpersonal basis of the development of the self, most particularly on the early relationship between the infant and mother.

According to Sullivan, the self develops out of feelings experienced while in contact with others and from reflected appraisals or perceptions by the child as to how it is valued or appraised by others. Important parts of the self, particularly in relation to the experience of anxiety as opposed to security, are the *good me* associated with pleasurable experiences, the *bad me* associated with pain and threats to security, and the *not me* or parts of the self that are rejected because they are associated with intolerable anxiety.

Sullivan formulated the *Interpersonal Theory of Psychiatry* (Sullivan, 1953) which suggests that enduring patterns of human relationships form the essence of personality. The theory majorly proposes that personality is the relatively enduring pattern of recurrent interpersonal situations which characterizes a person’s life (Sullivan, 1953, p. 111). Personality, for Sullivan, is a hypothetical entity, that cannot be isolated from
interpersonal situations, and interpersonal behavior is all that can be observed as personality.

Therefore, Sullivan believed that it is inane to speak of the individual as the object of study because the individual does not exist apart from his/her relationships. He insisted that personality is shaped almost entirely by the individual’s relationships. Personality, for Sullivan, emerges as a combination of individual inclinations and social situations. He suggests that we may have as many personalities as we have interpersonal situations.

Sullivan suggests that from the first day of life, an individual is a part of an interpersonal situation, and throughout the rest of its life he/she remains a member of a social field. Although Sullivan did not deny the importance of heredity and maturation in forming and shaping the organism, he felt that that which is distinctly human is the product of social interactions. Moreover, according to Sullivan, the interpersonal experiences of a person may and do alter his/her purely physiological functioning, so that even the organism loses its status as a biological entity and becomes a social organism with its own socialized ways of breathing, digesting, eliminating, circulating, and so forth.

Sullivan insisted repeatedly that personality cannot be observed or studied apart from interpersonal situations. The unit of study is the interpersonal situation and not the person. The organization of personality consists of interpersonal events and personality only manifests itself when the person is behaving in relation to one or more other individuals. Perceiving, remembering, thinking, imagining, and all other psychological processes are interpersonal in character. Even nocturnal dreams are interpersonal, since they usually reflect the dreamer’s relationships with other people.

Sullivan believed the significant psychosocial threats to an individual’s wellbeing are inherently social in nature. These threats, mainly, are loneliness, isolation, and rejection. Success in meeting the intimacy goals of young adulthood depend on competence in relationships. Interpersonal loss or failure to form close, supportive relationships contributes to clinical symptomatology (Sullivan, 1953). Sullivan, thus, locates healthy or unhealthy psychological development in reactions of one’s relationships.
On the basis of the interpersonal theory of psychiatry, Sullivan wanted to emphasize the importance of relationships in an individual’s life. This theory led to the interpersonal approach in psychology.

**INTIMATE RELATIONSHIPS**

Relationship is defined as an enduring association between two persons (Reis, 2001). Two people are said to be in a relationship with one another if they *impact* on each other and if they are *interdependent* in the sense that a change in one person causes a change in the other and vice versa (Kelly et al., 1983). The existence of a relationship implies that these persons have established an ongoing connection with each other; that their bond has special properties, including a sense of history and some awareness of the nature of the relationship; that they influence each other’s thoughts, feelings, and behavior; and they expect to interact again in the future (Reis, 2001).

Relationships generate the social context of personality development. A relationship is characterized by a stable pattern of interaction between at least two individuals (Hinde, 1993; Asendorpf & Banse, 2000), each bringing his/her life experiences and his/her basic dispositions to the relationship. The personality of each relationship partner is likely to affect different aspects of the relationship, which in turn have an effect on the individual personality. It is this kind of interaction, or transaction, which mirrors how individuals select relationship experiences, which in turn may initiate or foster change in personality characteristics. In the long run, continuous reciprocal transactions have strong impacts on health in its broadest sense, including well-being, life satisfaction, and longevity (Neyer & Lenhart, 2006).

*Intimate relationships* involve interactions that are *strong, frequent, varied*, and *take place over a long period of time* (Berscheid, 1994). An intimate relationship is one in which intimate interactions occur on a regular and predictable basis. There is a history of repeated intimate interactions, and each partner in the relationship can count on and expect intimate interactions with the other at acceptable intervals.
Intimate interactions are conceptualized as two components: intimate behavior and intimate experience. An intimate interaction, then, is one in which partners share personal, private material; feel positively about each other and themselves; and perceive a mutual understanding between them.

Ries and Shaver (1988) imply that there are three relationship features that define intimate relationships, namely, *sustained affection, mutual trust, and cohesiveness*. Affectionate relationships are a broader class of relationships within which intimate relationships fall. There are relationships in which the partners feel affectionate for one another but do not engage in intimate interactions (e.g. relationships in conflict, relationship partners separated by distance). In contrast, it is difficult to imagine an intimate relationship in which partners do not feel affection for one another. If intimate interactions, by definition, involve two people having positive feelings for one another, then intimate relationships should principally include those in which there is some affection between the two.

Intimate relationships create the framework of *trust* that makes intimate interactions more likely (Reis & Shaver, 1988). Trust is an attitude or expectation that one partner has towards another that allows that partner to take the risks involved in intimate interaction. Deutsch (1973) defined trust as confidence that one will find what is desired from another, rather than what is feared. A trusting person believes that he/she faces little risk of harm, exploitation, betrayal, or deceit from another as a result of any intimate encounter between the two involved in the relationship (Gurtman, 1992). Since intimacy involves revealing the vulnerable parts of the self, partners must trust one another to continue to interact intimately, almost by definition. Conversely, it is also likely that intimate interactions establish trust (Altman & Taylor, 1978). Intimate interactions provide partners with the opportunity to demonstrate their trustworthiness. Early in relationships, intimate behavior is necessarily based on the hope that the other person will turn out to be trustworthy rather than on any evidence from experience (Holmes, 1991).

*Cohesiveness* is the togetherness, sharing of time, and sharing of activities in a relationship (Spanier, 1976; Beach, Sandeen, & O’Leary, 1990). Intimacy in relationships requires cohesiveness. To engage in intimate interactions, people have to be together in
positive ways. Experiences of cohesiveness, in contrast, may or may not include intimate experiences. Two people can enjoy completing a task together (agency cohesiveness) or watching a ball game together (communal cohesiveness) without also engaging in intimate interaction (Robins, 1990).

An intimate relationship, then, is one in which the partners share regular intimate interactions, feel affection for one another, trust one another, and have cohesiveness. Affection, trust, and cohesiveness seem to be necessary conditions for sustaining intimacy in a relationship. They are also by-products of intimate interactions. Most intimate relationships, of course, have many other characteristics that are important to sustaining intimacy and that undoubtedly result from intimate interactions. Relationships that lack affection, cohesion, or trust seem unlikely, however, to sustain intimate interactions (Prager, 1995).

**SELF**

The self may be thought as a structure that contains the organized and stable contents of one’s personal experiences (Schlenker, 1987). In this sense, the self is an object, something inside the individual that may evaluate and contemplate. The self is me, the sum of what I am. A significant part of what is called the self is knowledge (Bordens & Horowitz, 2002).

The concept of self was introduced by William James in 1890. According to James, the self is central to all of our experience, and we divide up the world into me and not me. This distinction, and how we define me, is based on our interactions with others. Thus, according to this view our sense of self is a looking-glass self or a reflective self that is based on our perception of how we look to significant others (Cooley, 1902; Mead, 1934).

It is difficult to think about the self without referring to other people. Although the very concept of the self seems to denote individualism, the self is nevertheless incomplete without acknowledging interactions with others (Baumeister & Twenge, 2003). Selves do
not develop and flourish in isolation. People learn who and what they are from other people, and they always have identities as members of social groups. By the same token, close personal relationships are potent and probably crucial to the development of selfhood. A human being who spent his/her entire life in social isolation would have a stunted and deficient self (Baumeister & Twenge, 2003).

The Relational Self

Theorists have begun to consider the possibility of a relational self (Acitelli, Rogers, & Knee, 1999; Andersen & Chen, 2002; Cross & Morris, 2003; Garrido & Acitelli, 1999; Sedikides & Brewer, 2001). People often describe themselves in terms of relationships (husband, son, mother) or as a member of a profession (and thus as a member of a social group). Even personality traits are usually conceptualized in comparison to other people (one is not extraverted per se, but extraverted compared to others). Self-esteem reflects what others think (Leary, Tambor, Terdal, & Downs, 1995). Attempts at self-control can benefit or harm others (e.g., smoking and drinking; Baumeister, Heatherton, & Tice, 1994). People’s behavior can be radically affected by social rejection or exclusion (Williams, Cheung, & Choi, 2000; Twenge, Baumeister, Tice, & Stucke, 2001).

In addition, the self is inherently interpersonal because relating to others is part of what the self is for. The self is constructed, used, altered, and maintained as a way of connecting the individual organism to other members of its species. The relational self involves a consideration of the interpersonal relationships (primarily dyadic) in which a person is involved and how these relationships are incorporated into the self. A relational self develops when the self becomes defined, at least in part, in terms of interpersonal relationships (Agnew & Etcheverry, 2006).

By being tied to the self, these relationships and relationship partners gain privileged status to influence behavior, cognition, and affect, as well as perceptions of the self. An individual initiates many relationships over the course of a lifetime and many of the relationships are not incorporated into the relational self. According to interdependence
theory (Thibaut & Kelley, 1959; Kelley & Thibaut, 1978; Rusbult, Arriaga, & Agnew, 2001), only the relationships in which two people are highly interdependent such that the actions of one person strongly influence the outcomes of the other will be most likely to become incorporated into a sense of self.

Facets of Self

The self can be represented by many of its facets. Three of such facets of self are self-esteem, self-disclosure, and self-monitoring.

Self-esteem

Self-esteem is defined as a person’s evaluation of self; it is a person’s subjective appraisal of himself/herself as intrinsically positive or negative to some degree (Sedikides & Gregg, 2003). Self-esteem is, thus, a value judgment based on knowledge. Much self-knowledge concerns the person’s relations with others, which shows that self-esteem is heavily influenced by interpersonal relationships (Baumeister & Twenge, 2003).

The interpersonal theorists have conceptualized self-esteem explicitly in interpersonal terms. These theorists reflect the symbolic interactionists claim that the self is an inherently social construction that arises in the context of interpersonal relations (Cooley, 1902; Mead, 1932). Interpersonal theorists conclude that people’s feelings about themselves are related to how they believe others evaluate them because subjective feelings of self-esteem provide information regarding one’s standing in the eyes of other people or society at large (MacDonald, Saltzman, & Leary, 2003).

Three such interpersonal theories promote this theme: Dominance theory (Barkow, 1975) suggests that self-esteem reflects one’s relative dominance in social groups, sociometer theory (Leary & Downs, 1995) proposes that self-esteem monitors relational evaluation (i.e., the degree to which one is valued as a relational partner by others), and terror management theory (Solomon, Greenberg, & Pyszczynski, 1991) argues that self-esteem
reflects the degree to which the individual meets cultural standards for being a good and worthwhile person.

These interpersonal theories propose that self-esteem is, by its nature, highly responsive to social feedback, at least within limits. From this perspective, such responsivity is by no means a sign of dependency or dysfunction. To the contrary, self-esteem serves its evolved function, according to each of these theories, only if it is sensitive to feedback from other people (MacDonald, Saltzman, & Leary, 2003).

Although differing in specifics, interpersonal theories suggest that a person’s level of self-esteem is a function of two factors. First and most obviously, self-esteem reflects a person’s beliefs about his/her personal characteristics. Believing that one possesses positive attributes ought to be related to higher self-esteem than believing that one does not possess positive attributes or, worse, possesses negative ones. The interpersonal perspectives suggest that believing one possesses certain attributes predicts self-esteem only to the extent that the individual believes that other people regard those attributes as important or valuable (MacDonald, Saltzman, & Leary, 2003).

Only by being responsive to social validation will self-esteem help to promote dominance (Barkow, 1975), foster acceptance (Leary & Downs, 1995), or lower existential terror (Solomon et al., 1991). Thus, a person’s self-beliefs regarding the degree to which he/she possesses a particular attribute should interact with his/her beliefs regarding whether others generally react approvingly or disapprovingly toward people who possess that characteristic. Put simply, high self-esteem should emerge to the extent that people believe that they possess characteristics that other people value (MacDonald, Saltzman, & Leary, 2003).

Evidence shows that state self-esteem is strongly affected by events that have implications for the degree to which one is valued and accepted by other people (Leary, Tambor, Terdal, & Downs, 1995; Leary, Haupt, Strausser, & Chokel, 1998). The events that affect self-esteem are precisely the kinds of things that, if known by other people, would affect their evaluation and acceptance of the person (Leary, Tambor, et al., 1995).
Most often, self-esteem is lowered by failure, criticism, rejection, and other events that have negative implications for relational evaluation; self-esteem rises when a person succeeds, is praised, or experiences another’s love - events that are associated with relational appreciation (Leary, 1999).

The attributes on which people’s self-esteem is based are precisely the characteristics that determine the degree to which people are valued and accepted by others (Baumeister & Leary, 1995). Specifically, high trait self-esteem is associated with believing that one possesses socially desirable attributes such as competence, personal likability, and physical attractiveness. In one relevant study, trait self-esteem correlated strongly with people’s beliefs regarding the degree to which they were generally accepted by other people (Leary, Tambor, Terdal, & Downs, 1995).

Much research shows that interpersonal rejection results in emotional problems, difficulties relating with others, and maladaptive efforts to be accepted (e.g., excessive dependency, membership in deviant groups), precisely the concomitants of low self-esteem (Leary, Schreindorfer, & Haupt, 1995). In addition, many personal problems lower self-esteem because they lead other people to devalue or reject the individual.

Another way that interpersonal relationships influence self-esteem is through group memberships. Social identity theory (e.g., Tajfel & Turner, 1979; Tajfel, 1982; Turner, 1982) argues that the self-concept contains both personal and social attributes. Self-esteem usually focuses on personal attributes, but group memberships are also important. A person will experience higher self-esteem when his/her important social groups are valued and compare favorably to other groups (Rosenberg, 1979). Empirical research has confirmed this theory; collective self-esteem (feeling that one’s social groups are positive) is correlated with global personal self-esteem (Luhtanen & Crocker, 1992).

Self-disclosure

A behavior peculiar to and prototypical of humanity is our ability to disclose ourselves to others verbally. Individuals tell their friends, family, associates, and even perfect strangers about their joys, sorrows, hopes, experiences, and emotions (Omarzu, 2000).
Self-disclosure has developed a certain amount of curiosity in the study of interpersonal interaction and communication (Schimdt & Cornelius, 1987). On the one hand, self-disclosure is most often defined as an act or transaction involving two or more individuals. Archer (1980), for example, refers to self-disclosure as the act of revealing personal information to others. On the other hand, self-disclosure, is often defined as a personality variable or trait possessed by individuals. Cozby (1973), for example, states that self-disclosure refers to both a personality construct and a process, which occurs during interaction with others.

The concept of self-disclosure is loosely defined as what individuals verbally reveal about themselves to others, including thoughts, feelings, and experiences (Derlega, Metts, Petronio, et al., 1993). Wheeless and Grotz (1976) conceptualized self-disclosure as any message about the self that a person communicates to another. In other words, self-disclosure is a way of showing others who we are and what our needs are (Leung, 2002).

Self-disclosure is defined simply as personal information verbally communicated to another person (Cozby, 1973; Chelune, 1979). Personal information may include descriptive, evaluative, and affective disclosures. People can disclose facts about themselves, opinions and attitudes that they possess, or information about their moods and emotions. Finally, to self-disclose, one must reveal information to at least one other person. Thus, writing in a private journal may constitute self-expression, but it is not self-disclosure (Omarzu, 2000).

Self-disclosure is a very flexible behavior. People can tell very little about themselves to others or tell a great deal. They can disclose indiscriminately or very selectively and can speak from the heart or from cynical self-interest. Disclosures can also be infused with emotion or confined to objective facts (Omarzu, 2000).

Self-disclosure is, certainly, an interpersonal behavior, as it most often occurs within a specific social interaction. However disclosure is also a discretionary behavior. People rarely are required to disclose much except superficialities about themselves, yet they often choose to reveal much more. Disclosures may be encouraged or influenced by the
actions of others, but the amount and type of information that is revealed is determined by the individual disclosing (Omarzu, 2000).

Jourard (1971a) believed that differences in self-disclosure behavior were determined primarily by stable personality differences. He also viewed disclosure as a behavior indicative of psychological adjustment and proposed that individuals who tended to be non-disclosers also would be more likely to suffer from both mental and physical illnesses.

Jourard's (1971b) efforts launched a research movement aimed at identifying the personality correlates of high versus low disclosure. Many individual difference variables have been explored in relation to overall self-disclosure tendencies, including social desirability, anxiety, impulsivity, neuroticism, and internal-external control (Goodstein & Reinecker, 1974; Archer, 1979; Stokes, 1987).

In his influential review, Cozby (1973) concluded that personality correlates to self-disclosure often were confounded by situational contexts, and in general they were not well understood. Stokes (1987), in another review of this literature, admitted two fairly reliable findings: Extroversion is positively related to scores on retrospective disclosure questionnaires, and social desirability is negatively related to disclosure intimacy observed in experimental acquaintance paradigms. He warned, however, that variable situational influences make these relations questionable. For example, those high in need for social approval are often reluctant disclosers (e.g. Brundage, Derlega, & Cash, 1977).

As another example, a relatively consistent finding is that men generally disclose less than women (Dindia & Allen, 1992). However, when situations are unambiguous and goals clearly specified (e.g., developing a relationship, impressing a high-status partner), men can sometimes disclose as much or more than women do (Derlega, Winstead, Wong, & Hunter, 1985; Shaffer & Ogden, 1986). Attempting to predict self-disclosure based on stable individual differences can be complicated by situational factors.
Self-monitoring


Snyder introduced the concept of self-monitoring as an individual difference, distinguishing between high self-monitors and low self-monitors. According to fundamental postulates of the theory, people differ meaningfully in the extent to which they can and do engage in expressive control. Some people, out of a concern for the situational appropriateness of their expressive self-presentation, have come to monitor their expressive behavior and accordingly regulate their self-presentation for the sake of desired public appearances. Thus, the behavior of these high self-monitors may be highly responsive to social and interpersonal cues of situationally appropriate performances (Gangestad & Snyder, 2000).

By contrast, other people, those who (relatively speaking) do not engage in expressive control, have not acquired the same concern for the situational appropriateness of their expressive behavior. For these low self-monitors, expressive behaviors are not controlled by deliberate attempts to appear situationally appropriate; instead, their expressive behavior functionally reflects their own inner attitudes, emotions, and dispositions (Gangestad & Snyder, 2000).

A high self-monitor looks to others for cues, modifying his/her behavior to fit the situation and the people in it. A low self-monitor, on the other hand, is more consistent and does not try to alter behavior very much across situations. High self-monitors do not see any necessary relation between their private beliefs and their public actions, and so discrepancies do not bother them (Snyder, 1987).
Self-monitoring is related to a diverse set of domains (Snyder, 1987; Gangestad & Snyder, 2000; Tennen, 2006). It has been extensively linked with how individuals conceive of and enact interpersonal relationships (Snyder, 1987; Gangestad & Snyder, 2000; Leone & Hawkins, 2006). From relationship inception to relationship dissolution, low and high self-monitors display characteristic differences in what they seek in a mate (Snyder, Berscheid, & Glick, 1985; Jones, 1993), the degree and growth of trust, commitment, closeness, intimacy, and satisfaction (Snyder & Simpson, 1984; Norris & Zweigenhaft, 1999), engagement of sexual behavior in short-term relationships (Snyder, Simpson, & Gangestad, 1986), the weighing of one’s relationship alternatives (Snyder & Simpson, 1984), how long the relationship lasts (Snyder & Simpson, 1984; Leone & Hall, 2003), and reactions to relationship dissolution (Snyder & Simpson, 1984), among other relationship experiences and outcomes.

Research also addresses the interaction patterns associated with the different levels of self-monitoring. Low self-monitors base friendships on emotional bonds, and they prefer to spend most of their time with the people they like best. In contrast, high self-monitors base friendships on shared activities. Thus they spend time with the people who are best suited to the relevant activity. Consequently, the social worlds of high self-monitors are very compartmentalized, with different friends and partners linked to specific activities. On the other hand, the social worlds of low self-monitors are relatively uncategorized by activities, with friends chosen instead on the basis of emotional bonds (Baumeister & Twenge, 2003).

These interpersonal patterns carry over into romantic relationships (Snyder & Simpson, 1984; Snyder, 1987). For example, high self-monitoring males choose dating patterns based mainly on physical appearance, whereas low self-monitors place more emphasis on personality and other inner qualities. High self-monitors tend to have more romantic and sexual partners than lows (Baumeister & Twenge, 2003).

The differing patterns of low and high self-monitors in close relationships reflect two distinct orientations toward close relationships. Low self-monitors have been characterized as having a restricted sociosexual orientation (Snyder et al., 1986).
chief concerns of the prototypical low self-monitor are the cultivation of an intimate, long-term relationship with a partner chosen on the basis of compatibility. In contrast, high self-monitors have been characterized as having an unrestricted sociosexual orientation (Snyder & Simpson, 1984; Snyder et al., 1986).

The relationship histories of high self-monitors suggest individuals who are more willing to *play the field* of potential dating partners. These differing orientations are related to closeness and satisfaction in long-term relationships. For low self-monitors, the growth of intimacy may be slower than it is for high self-monitors, but over time low self-monitors are thought to develop greater feelings of closeness and emotional interdependence than high self-monitors (Snyder & Simpson, 1984).

All of these three facets of self have a strong association with interpersonal relationships. Self-esteem is the feelings of an individual, with respect to others’ evaluations; self-disclosure always occurs in an interpersonal situation; and self-monitoring determines the nature of the relationship. These features make them highly important in the context of interpersonal relationships.

**WELLBEING**

Wellbeing addresses issues such as *what is happiness* and *why some people are happy and others are not*. Wellbeing has been repeatedly found to represent a central human value (Roysamb, 2006). Among many of the important aspects of life such as money, health, education, happiness and life satisfaction, people across different nations have found to value different aspects of wellbeing (Suh, Diener, Oishi, & Triandis, 1998; Diener, 2000; Seligman, Park, & Peterson, 2004).

Wellbeing includes the domains of cognitive functioning, behavioral functioning, physical health, and mental health. These domains comprise of positive thought processes, social engagement with one’s community, and positive health behaviors such as restorative sleep and resistance training (Moore & Keyes, 2008).
Wellbeing refers to a stable condition of coherence of personality that leads to a full range of positive emotions and no negative emotions regardless of external circumstances (Cloninger, 2004). It is a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community. It is enhanced when an individual is able to fulfill their personal and social goals and achieve a sense of purpose in society (Foresight Mental Capital and Wellbeing Project, 2008).

Wellbeing is more than just the absence of an illness. It includes physical health and safety, social and emotional health, spiritual wellness and subjective sense of wellbeing. Mental health researchers consider the idea of wellbeing beyond the absence of symptoms of depression and distress to include the presence of happiness and life satisfaction (Diener, Oshi, & Lucas, 2003). This led to the development of the concept of subjective wellbeing.

Subjective Well-being (SWB) examines such topics as happiness, life satisfaction and morale (Strack, Argyle, & Schwarz, 1991; Myers & Diener, 1995; Diener, Suh, Lucas, & Smith, 1997). People evaluate conditions differently depending on their expectations, values, and previous experiences. Subjective well-being researchers assign importance to this subjective element and assess individuals' thoughts and feelings about their lives (Diener & Lucas, 2000).

Subjective wellbeing comprises of three main components: a cognitive evaluation of life satisfaction, the presence of positive affect, and the relative absence of negative affect (Diener & Lucas, 1999). Although these components are separable (Lucas, Diener, & Suh, 1996), they often interrelate, suggesting the existence of a higher order construct of subjective wellbeing.

Keyes and Waterman (2008), in their review of literature, conclude that subjective wellbeing consists of three domains: emotional well-being, psychological well-being, and social well-being. In other words, individuals evaluate their lives in terms of whether they feel good about it, function well personally, and function well socially.
The emotional well-being cluster reflects the presence and absence of positive feelings about life operationalized as evaluations of happiness and satisfaction with life, and the balance of positive to negative affect experiences over a time period (Keyes & Waterman, 2008). Thus, emotional well-being can be conceptualized as the balance of feelings (positive and negative) experienced in life (Bradburn, 1969) and the perceived feelings (happiness and satisfaction) (Andrews & Withey, 1976). Studies clearly support a proposed factor structure of emotional well-being with a more cognitive domain of life satisfaction (quality of life) and a more affective domain (happiness; Bryant & Veroff, 1982).

Emotional well-being is defined as the emotional quality of an individual’s everyday experience - the frequency and intensity of experiences of joy, stress, sadness, anger, and affection that make one’s life pleasant or unpleasant (Kahneman & Daeton, 2010). It refers to a holistic, subjective state which is present when a range of feelings, among them energy, confidence, openness, enjoyment, happiness, calm, and caring are combined and balanced (Stewart-Brown, 2000, p.32).

Experiencing emotional well-being does not mean being happy all the time, but it does mean feeling okay and not suffering mental distress, depression or anxiety. When feelings are managed constructively and not causing too much distress, and are able to maintain positive and effective relationships with others, then it can be said to be a state of emotional wellbeing (Weare, 2004).

Most evidence suggests that emotional factors, like optimism, are primary predictors of emotional wellbeing (Coughlin, 2010). Other factors include: acceptance of self and other; playing to ones strengths and using ones talents; creating strong and lasting relationships with others; low levels of defensiveness and openness to emotional experience; autonomy, mastery, and competence; clear values and a strong character; creating meaning and purpose in life; passionate engagement; and the ability to learn and grow from trauma and adversity (Coughlin, 2010).
Another term for emotional wellbeing is mental health, which is different from mental illness. Emotional well-being is strongly associated with mental health - the ability to grow and develop, to make relationships and to be resilient in the face of difficulties (Weare, 2004).

Mental health is defined as a state of well-being in which the individual realizes his/her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his/her community (World Health Organization, 2005). Mental health is a positive capacity, as described above for emotional wellbeing.

Mental health can be seen as a continuum, where an individual's mental health may have many different possible values (Keyes, 2002). Mental wellness is generally viewed as a positive attribute, such that a person can reach enhanced levels of mental health, even if they do not have any diagnosable mental health condition. This definition of mental health highlights emotional well-being, the capacity to live a full and creative life, and the flexibility to deal with life's inevitable challenges. Mental illness is a collective term for a number of medical conditions that can adversely affect our feelings, behavior and relationships (Keyes, 2002).

Unlike, mental health, however, emotional well-being as a term has the advantage of being positive, salutogenic, and non-medicalized (Weare, 2004, p.8). Emotional wellbeing is thus a more general and preferred term as compared to mental health, because of the stigma associated with mental illness.

**Relationships and Wellbeing**

A number of empirical evidences suggest that intimate relationships are associated with wellbeing (Glenn, 1990; Ladd, Kochenderfer, & Coleman, 1996; Berndt, Hawkins, & Jiao, 1999; Waite & Gallagher, 2000; Williams, 2003; Dush & Amto, 2005; Soons, Liefbroer, & Kalmijn, 2009). Social ties provide support that enhances psychological
well-being as well as stress that contributes to psychological distress (Kiecolt-Glaser & Glaser, 2002).

Research suggests that majority of people consider relationships to matter the most in life and give its fullest purpose (Klinger, 1977). Relationships are sources of joy and happiness (Duck, 1986). Relationships with other people are the bases for self-esteem and for the ability to relate to others (Duck, 1983; Duck & Perlman, 1985). Maintaining a few confiding relationships has been found to correlate with happiness and subjective well-being (Argyle, 2001).

Relationships are often held up as the single most important correlate of subjective wellbeing (Argyle, 2001). They are said to be one of the most powerful sources of support throughout the life span, and the research evidence clearly shows that being involved in satisfying relationships is associated with enhanced emotional and physical health. It is not surprising that most people view relationships as the most powerful ingredients of a good and satisfying life (Neyer & Lenhart, 2006).

Brown and Harris (1978) show that the presence of a close and confiding relationship significantly reduced the risk of developing depression after a major loss or disappointment. Brown and Harris argue that long-term feelings of self-worth and self-esteem are especially significant, that they are provided important close relationships, and that, to a major extent, these feelings could stave off psychiatric disorder in a crisis.

Intimate relationships seem to buffer people from pathogenic effects of stress. In the face of stressful life events people who have intimate relationships have fewer stress related symptoms, faster recoveries from illness, and a lower probability of relapse or recurrence than those who do not have intimate relationships (Prager, 1995). There is substantial evidence that the perceived availability of social support buffers the effect of stress on psychological distress, depression, and anxiety (Cohen & Wills, 1985; Cohen, Mermelstein, Kamarck, & Hoberman, 1985; Kawachi & Berkman, 2001). Evidence for the buffering effect of intimate relationships have been found when stress is due to pregnancy (Dimitrovsky, Perez-Hirshberg, & Itskowitz, 1987); the birth of a child.
Robinson, Olmsted, & Garner, 1989; Collins, Dunkel-Schetter, Lobel, & Scrimshaw, 1993); the illness of one’s child; one’s own illness, particularly, heart disease (Hobfoll, Nadler, & Leiberman, 1986; Waltz, 1986, Waltz, Badura, Ptack, & Schott, 1988; Coyne & Smith, 1991); retirement (Salokangas, Matilla, & Joukamaa, 1988); and death of a spouse (Lopata, 1979; Lewittes, 1989). People tend to suffer stress and illness when their relationships become disturbed (Duck, 1998) and the presence of strong, close relationships preserves people from the worst effects of stress, whether the presence is just felt to be available or is actually provided (Sarason et al., 2001).

Baumeister and Leary (1995) proposed that people have a fundamental need to belong, such that they are strongly motivated to seek out positive social interactions and avoid interactions that are conflicted or that contain negative affect. Their work outlines the considerable psychological toll exacted from an absence of positive and meaningful interpersonal relationships (Heatherton & Voks, 2000).

Those who feel ostracized or rejected experience negative reactions, including physical illness, emotional problems, and negative affective states (Rutter, 1979; Downey & Feldman, 1996; Williams, 1997). Furthermore, social support is known to be an important contributor to positive mental and physical health (Cohen & Wills, 1985), and people who are disliked, antagonistic, or emotionally distressed are less likely to receive support and assistance from others (Bolger, Foster, Vinokur, & Ng, 1996).

Bertera (2005) found that positive social support did not appear to prevent anxiety and mood disorder episodes caused by social negativity. These findings show the significance of negative social interaction on mental ill health, rather than any positive impact of interaction on good health.

People who lack intimate relationships are at risk for a variety of ills. They have higher mortality rates, more accidents, and higher risks for developing illnesses than those who have intimate relationships (House, Landis, & Umberson, 1988; Berman & Margolin, 1992). They show depressed immunology functioning (Kiecolt-Glaser et al., 1988). They are more vulnerable to feelings of loneliness (Wheeler, Reis, & Nezlek, 1983) and more
likely to develop symptoms of psychological disturbance (Reisman, 1985; Steil & Turetsky, 1987; Chamberlaine, Barnes, Waring, & Wood, 1989; Peterson et al., 1993). Relationships that do not allow confiding, fail to provide beneficial effects of those that do (Coffman, Levitt, Deets, & Quigley, 1991). Even people with sizable social networks are likely to develop symptoms of psychological disturbance in the face of stressful events if they lack confiding relationships (Lowenthal & Haven, 1968; Brown, Bhrolchain, & Harris, 1975; Cohen & Hoberman, 1983; Miller & Lefcourt, 1983). Support from non-intimate partners has even been predictive of negative outcomes (Hobfoll & Lieberman, 1989; Lewittes, 1989).

An increased risk of distress, illness, and poor adjustment seems to accompany poorly functioning personal relationships (i.e., those that are unsatisfying, unstable or heavily conflicted). Poorly functioning relationships with parents, spouses, and friends have been associated with negative outcomes. People who have conflicted or unsatisfying close relationships are more likely to demonstrate poor self-efficacy (Fisk, Coyne, & Smith, 1991; Coyne & Smith, 1994); psychological symptomatology (Rhodes, Ebert, & Meyers, 1994), especially depression (Keitner & Miller, 1990; Peterson et al., 1993; Vinokur & van Ryn, 1993); and physical complaints (Waring & Russell, 1980). Therefore, strong and satisfying relationships lead to enhancement of mental and physical health and a lack of such relationships cause psychological and physiological difficulties.

Sullivan facilitated the idea of relationships being highly significant by stressing that interpersonal relationships form personality. The concept of relational self indicates that the self in embedded within interpersonal relationships. Finally, a number of researches show that relationships play an important role in the mental as well as physical aspects of wellbeing. Therefore, the aforementioned theoretical considerations and empirical evidences suggest that being in an intimate relationship seems to have a strong influence on an individual’s self and wellbeing.