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Interpersonal Relationships

Contributors: Chloe Huelsnitz, Rachael Jones & Jeffry A. Simpson

Edited by: Marc H. Bornstein

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Interpersonal relationships are social connections or bonds between two or more individuals that vary in closeness, commitment, and duration. From the cradle to the grave, interpersonal relationships have an enduring impact on the well-being of individuals. Although early relationship experiences, whether positive or negative, do not determine what an individual will be like as an adult, relationships in childhood can set up interpersonal expectations that then shape and influence future relationships of all types.

This entry discusses how events that occur in different types of relationships at different points of development can influence different life outcomes. It first discusses parent–child relationships, after which it turns to peer relationships/friendships in childhood and adolescence, romantic relationships in adulthood, and other types of relationships in middle and later life. Some of the outcomes discussed include social competence, self-esteem, mental and physical health, academic performance, aggression, and relationship quality and stability. The connection between relationships and these indicators of general well-being begins in early childhood with the parent–child relationship and persist throughout life.

Parent–Child Relationships

Parents typically are the first people who start the process of socializing infants and young children. Thus, they are often the primary source from whom young children learn to view and interpret the world around them. Parents influence children in two principle ways. First, they serve as role models who influence the way children think, feel, and behave in different interpersonal situations. Second, through providing rewards and punishments, parents shape how young children perceive events, regulate their emotions, and act in various situations. During the opening years of childhood, therefore, the actions of parents heavily influence the way in which young children interpret and develop expectations about the wider social world not only as individuals but as relationship partners, group members, and eventually members of society.

Attachment theory explains how and why children develop specific views, preferences, and expectations about themselves and relationship partners early in life. According to this theory, the way in which children are treated by their caregivers (parents) during early childhood affects how they view themselves and their caregivers as well as shaping their expectations of what relationships tend to be like. Babies and children who receive responsive, supportive care and are given sufficient autonomy to explore their world and growing abilities tend to develop secure attachments in which they have positive views of themselves, their caregivers, and their relationships with them. Secure children learn that they can trust and depend on others, especially when they are upset and need support. Developing a sense of trust rather than mistrust is a key challenge of infancy.

In contrast, children who receive inconsistent or low-quality care and have either too much or too little autonomy usually develop insecure attachments that take one of the two forms. Anxiously attached children, who have received inconsistent, unpredictable care, develop negative self-views (lower self-esteem) and less positive views of their caregivers and relationships, learning that they must monitor their caregivers closely to ensure caregivers remain close and attentive to them. Avoidantly attached children, who have received poor or rejecting care, develop negative or unstable views of themselves and negative views of their caregivers, learning that they must become self-reliant and independent at an early age. These different views of self, others, and relationships (known as working models) gradually become sets of internalized beliefs, expectations, and emotions that guide how individuals think, feel, and behave in later relationships.

Children, of course, are not just passive agents of influence; they also influence how their parents think, feel, and behave, which can alter how parents react to them as children grow and develop. Some of this influence may be attributable to the child's attachment orientation (secure, anxious, or avoidant), but part of it might also be due to biologically based individual differences, such as the child's temperament or the personality traits that make the child more versus less extroverted, agreeable, conscientious, neurotic, or open to new experiences.

Once formed, working models do not remain stagnant; they continue to develop and change as children move out of the nuclear family and start to interact with other people—especially peers and friends—as development unfolds.

Peer Relationships and Friendships

When children start attending school, the relationship expectations established in the parent–child relationship are often transferred to peers who then begin to shape—and sometimes change—these expectations. Because attachment bonds with parents differ in the degree to which they provide the child with a secure base from which to explore, children who are securely attached are more comfortable and self-confident exploring new relationships with peers, which facilitates friendship formation. Thus, the parent–child relationship continues to shape the way in which children interact in friend and peer relationships. Moreover, similar to parent–child relationships, peer relationships begin to influence children’s well-being and social adjustment, which continues throughout childhood and adolescence.

In early childhood, children start to initiate play with peers, which allows them to become more autonomous, develop new interpersonal skills, and form new social competencies, all of which are major developmental challenges at this stage of life. Many early friendships are structured around play. Starting as early as age 2 years, children start segregating themselves into all-male and all-female peer groups. Relative to girls, boys tend to have larger peer groups, value dominance and leadership qualities in their friends, and engage in play that involves themes of danger and conflict. In contrast, girls form friendship pairs characterized by greater self-disclosure and more cooperation, and their play features themes of restoration of order and safety. These gender-segregated groups also promote socially acceptable behaviors and inhibit socially unacceptable ones, following gender stereotypes. For example, boys tend to engage in physical aggression more than girls do. However, this may be due to gender norms and roles.

Although specific friendships can impact a child’s overall adjustment and well-being, the degree to which peers generally accept or reject a child has more substantial and lasting impact. Similar to the parent–child relationship, how peers treat a child informs the child of child’s value in the eyes of others. Children with friends who treat them well tend to be more socially competent, more self-confident, and less lonely than children without friends or children whose friends treat them poorly. Adolescents with benevolent friends also have better outcomes in adulthood, including less depression and higher self-worth. Conversely, children and adolescents who are chronically rejected by their peers develop lower self-esteem, which is associated with academic difficulties, criminality, and mental health problems in adulthood. Thus, the development of a strong, positive group identity is very important in childhood and adolescence, and the heavy weight that most children place on the opinions of their peers means that social rejection or isolation can be devastating.

With regard to friendships, childhood friends tend to be more similar to one another than dissimilar, and friendships usually involve cooperation and mutual responsiveness. As children become older, they expect greater support and intimacy in their friendships. Across adolescence into early adulthood, individuals expect greater loyalty, commitment, and similarity in attitudes and values in their close friendships.

Childhood friends also influence each other’s behavior over a wide array of domains as development unfolds. For example, children and adolescents are more likely to engage in drug use, delinquency, and sexual behavior if their friends engage in those behaviors. The influence of friends persists into early adulthood, as seen in the convergence in health behaviors between close friends (e.g., eating patterns and binge drinking). Friends can also have positive influence on each other’s well-being by being supportive during times of stress. Social support reduces stress and results in better physical and mental health outcomes throughout the life course.

Although many types of relationships can provide social support for individuals, friends seem to be especially important sources of support. Research on network diversity has shown that older adults with social networks

that include family and friends have better emotional and physical health outcomes and overall greater well-being than individuals with social networks that are sparse or that only include family. Beginning in early childhood, friendships have an enduring and significant impact on individuals' well-being and health throughout life and into old age.

Although close friendships remain important throughout life, the primary source of comfort and support in early adulthood shifts from close friends to romantic partners who, like parents, often function as key attachment figures with whom individuals can be either securely, anxiously, or avoidantly attached.

Romantic Relationships

As individuals move through adolescence into adulthood, the relationship expectations (working models) they have developed in response to how they have been treated by parents and peers/friends are transferred to adult romantic partners. At this point in life, individuals start dating and entering romantic relationships of different levels of commitment. Most individuals eventually forge long-term romantic relationships, in which the two partners are highly interdependent, coordinating, and building their lives together. Successfully building deep emotional intimacy is a key developmental challenge of early adulthood. These relationships may then last for decades, or disband (via divorce or breakup), with individuals starting the process again.

Relationship satisfaction and stability primarily depend on how individuals perceive and behave toward their partners. Making positive attributions (e.g., believing a partner's actions are based on good intentions and benevolent motives) and holding positive expectations about the partner or the relationship typically results in happier and more stable relationships. If important problems arise, however, relationships are better off if partners directly address and try to resolve them. Partners must not only view each other positively but also communicate effectively when resolving conflicts by actively trying to solve problems and responding constructively when partners engage in negative or destructive behaviors. By contrast, withdrawing from the conversation or expressing hostility verbally and/or nonverbally may be detrimental for the relationship.

Maintaining a satisfying, stable relationship is important because romantic relationships can affect well-being in powerful ways. Having a long-term, committed romantic relationship is particularly beneficial for one's health. In fact, being married (or in a marriage-like relationship) is associated with better overall health and lower risk of mortality than not being in a long-term romantic relationship. This benefit may result from partners' facilitating healthy habits and monitoring each other's health, such as recognizing when their partner needs medical attention.

Long-term romantic partners also support one another. Partners can provide emotional support by showing care, informational support by giving guidance, or tangible support by sharing material goods such as money. Social support is particularly beneficial for good physical and mental health outcomes. Receiving emotional support and physical touch, for example, is soothing, whereas receiving informational and tangible support can lessen the daily burdens or stress that partners face. Exposure to stress activates the sympathetic nervous system (the fight-or-flight response), which is physically draining and can take a toll on the immune system if it occurs repeatedly. Romantic partners who protect each other from stress or reduce each other's stress responses can, therefore, promote each other's physical health.

Most romantic couples have children at some point during adulthood. The transition to parenthood is a happy and exciting but chronically stressful major life transition. It is also a time when attachment working models from one's past (e.g., how one was treated by one's own parents) reenter the picture and can influence how the transition transpires. New parents who have secure attachments to their parents (or their current mates) tend to fare better during this stressful life event, partly due to their more positive perceptions and expectations and partly due to their more constructive interaction behavior. New parents who are insecure, on the other hand, typically fare more poorly as indicated by declines in marital satisfaction and increases in depres-

sive symptoms.

In sum, most people establish long-term romantic relationships in adulthood, forming intimate and interdependent bonds with another person. The success of these relationships depends on several factors, including an individual's working models of the self, the partner, and the current relationship. Success also depends on both partners' behavior during challenging or stressful situations, such as resolving conflicts, giving and receiving support in times of need, and having children. These defining relationships of adulthood can have long-lasting effects on well-being and social adjustment well into later life.

Relationships in Late Adulthood

Feeling connected to other individuals continues to be important into late adulthood, a time in which social isolation becomes more common because of health problems and the death of friends and/or romantic partners. In particular, the death of a spouse can be devastating, putting the widow(er) at risk for major health troubles, even if the widow(er) was healthy before the partner's death. Given the importance of remaining socially connected, older adults value the quality (instead of the quantity) of their relationships, and they need fewer relationships to satisfy their emotional needs. During late adulthood, interactions with others, especially with spouses, children, and close friends, often become more positive. This shift in behavior is most likely attributable to older adults' increased wisdom, their stronger focus on caring for others, and their better emotion regulation skills, all of which are key developmental challenges at this stage of life. However, this shift may also reflect the fact that older adults tend to become less confrontational and more avoidant of problems as they age.

Because people are living longer on average, most parents have longer relationships with their adult children, which often means that there is more parent-child mutual support. Many parents in older adulthood still find themselves supporting their grown children with affection (emotional support), advice (informational support), and financial assistance (tangible support). Their adult children, meanwhile, are more likely to begin caring for them, sometimes while simultaneously caring for their own adolescent or young adult children. Of course, the specific pattern and exchange of parent-child support depends on factors such as cultural differences and the quality of care adult children received during childhood and earlier adulthood.

Late adulthood, thus, continues to be an important time for relationships. Relationships do not stagnate during this stage; rather, they evolve and even improve as older adults prioritize the quality and harmony of their relationships and find deeper meaning in their lives.

Beginning in early childhood with parent-child attachments, close relationships have enduring consequences for individuals' socioemotional adjustment, well-being, and health outcomes across the entire life span. In the parent-child relationship, the child forms initial expectations (working models) of relationships and whether relationship partners will, on average, act as sources of support versus distress. Although working models can be and often are changed by experiences in later relationships, remnants of these models are carried into different types of relationships with different individuals across the life span.

In early and middle childhood, the influence of the parent fades as peer evaluations become more salient and important. Positive versus negative peer evaluations can lead individuals down divergent paths that have lasting consequences. Although peer acceptance promotes social competence and self-confidence, peer rejection fosters antisocial behaviors such as aggression and criminality. During adolescence and adulthood, most individuals enter romantic attachment relationships that are characterized by deeper emotional intimacy and strong interdependence. These relationships can be either a source of social support and happiness or a source of stress and conflict. Most couples also have children, where working models from one's past can affect how well the transition to parenthood is navigated. In late adulthood, relationships with friends, romantic partners, and children typically promote well-being, lower mortality, and increase overall life satisfaction.

See also [Adaptive Functioning](#); [Ages and Stages](#); [Attachment](#); [Friendships](#); [Health \(Attitudes, Disparities, Promotion\)](#); [Parent–Child Interaction](#); [Peers](#); [Romantic Relationships](#); [Social Development](#)

- interpersonal relationships
- parent-child relationships
- later adulthood
- children
- friendship
- attachment
- peer relationships

Chloe Huelsnitz, Rachael Jones & Jeffry A. Simpson
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