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Self-esteem as a family resource: An investigation of the parental couple

El Ghaziri Nahema

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Institut de psychologie

FACULTÉ DES SCIENCES SOCIALES ET POLITIQUES
INSTITUT DE PSYCHOLOGIE

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THÈSE DE DOCTORAT

présentée à la

Faculté des sciences sociales et politiques
de l'Université de Lausanne

pour l'obtention du grade de
Docteur en Psychologie

par

Nahema El Ghaziri

Directrice de thèse

Professeure à l'Université de Lausanne, Joëlle Darwiche

Jury

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« **Self-esteem as a family resource: An investigation of the parental couple** »



Jean-Philippe LERESCHE
Doyen

Lausanne, le 22 janvier 2019

Résumé

L'estime de soi a toujours été considérée comme une variable sociale, influencée et influençant nos rapports à autrui. Néanmoins, peu de recherches se sont intéressées à l'impact de l'estime de soi sur le couple parental et son bien-être. C'est l'objet de cette dissertation.

À travers l'analyse de la littérature ainsi que l'exploration de données transversales et longitudinales, nous avons cherché à mieux comprendre le rôle de l'estime de soi en tant que ressource familiale. Les résultats obtenus indiquent que les bénéfices liés à une estime de soi élevée se propagent d'un membre du couple à l'autre. Ainsi, lorsque l'un des conjoints a une bonne estime de lui-même il aura tendance à adopter des comportements avantageux à la fois pour la qualité de la relation conjugale et pour celle de la relation coparentale. De plus, cela aura également une influence positive sur les comportements du conjoint. Sur le long terme, cela modifiera la trajectoire des relations conjugale et coparentale, limitant le déclin normatif auquel elles sont habituellement sujettes.

L'estime de soi joue donc un rôle significatif pour la qualité des relations du couple parental et serait à prendre en compte lors d'interventions familiales à but thérapeutique ou préventif.

Abstract

Self-esteem has always been considered a social variable, influenced by, and influencing one's relationships. However, few studies have investigated the impact of self-esteem on the parental couple and its well-being. It is the object of this dissertation.

Through the analysis of the literature and the exploration of cross-sectional as well as longitudinal data, my aim is to enhance the understanding of self-esteem's role as a family resource. The results achieved indicate that the benefits of high self-esteem spread to both members of the couple. Indeed, when one of the partners has high self-esteem, he or she will tend to adopt behaviors that are helpful for the quality of both the romantic and the coparental relationships. Additionally, it will also have a positive influence on the partner's behaviors. On the long run, high self-esteem will modify the development of the romantic and coparental relationships, buffering their normative decline.

Thus, self-esteem appears to play a significant role for the quality of the romantic and coparental relationships and should be considered in family interventions with therapeutic or preventive aims.

To my Jeddo (my grandfather), with whom I first discovered that resolving equations could be enjoyable. Who knew that 15 years later I would still be working on these equations, although they now bear a slightly more sophisticated name: SEM for structural equation modeling.

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Preface

When describing self-esteem, Mann, Hosman, Schaalma, and de Vries (2004) argued that « the beliefs and evaluations people hold about themselves determine who they are, what they can do and what they can become » (p.357).

Given the multiple implications of having high or low self-esteem it is not surprising that the construct of self-esteem has generated a considerable amount of research. In fact, when considering the extensive work that already has been achieved, one could even question the need for more research on this construct. However, some aspects have been overlooked.

The goal of the present dissertation is to deepen the understanding of self-esteem as an interpersonal construct, implying beneficial outcomes for the individual but also for its partners. To this end, the focus herein will be on the parental couple, as it represents the very heart of the family system, around which other relationships will emerge and develop (Satir, 1967). Although a substantial amount of research has studied the effects of self-esteem on the romantic relationship, few of them have focused on the parental couple. There are two main reasons that it is valuable to fill this gap in literature. First, becoming parents implies significant and enduring changes for the couple and for the individuals (e.g., Jokela, Kivimäki, Elovainio, & Keltikangas-Järvinen, 2009; Meyer, Robinson, Cohn, Gildenblatt, & Barkley, 2016). In particular, this life event involves endorsing new roles for the partners: becoming a mother or a father. Together, they must learn how to work as a team, therefore developing a new relationship, the coparental one (McHale & Lindahl, 2011). Second, researchers have shown that the well-being of the parental couple holds a central role for the fulfilling development of both parents and children (e.g., Pilkington, Whelan, & Milne, 2015; Teubert & Pinguart, 2010). Considering these aspects, it seems important to increase the knowledge on this specific population. The aim of this document is to answer four questions:

- 1) Is adult self-esteem associated with the quality of family relationships?
- 2) Does self-esteem have actor and partner effects on parental couple relationships?

- 3) How does individuals' self-esteem affect the parental couple across time?
- 4) Through what paths does self-esteem affects the parental couple relationships?

The dissertation is divided in five parts: The theoretical framework, the description of the present research, the results, the discussion and the conclusion. In the theoretical framework, I define and contextualize the main constructs involved (self-esteem, the romantic relationship, and the coparental relationship). I also describe the different theories used to develop the research hypotheses. In the second part, I summarize the aims of the dissertation, and explain the research method that was applied to achieve them. Next, I report for the results that were obtained, in the form of three articles. The first one has been published, and the two others have been submitted but are still in process of publication. Finally, in the discussion, I highlight the differences between high and low self-esteem individuals and summarize the reasons why it may represent an advantage for the parental couple relationships. Then, I report for the articles' contribution to the literature. I also point out the limitations of the present work and the future research that would help further enrich the filed of self-esteem and family relationships. I end the dissertation with a brief conclusion.

Theoretical framework

The theoretical framework is divided into three chapters. I will first focus on self-esteem (A), then move to the parental couple unit (B) and end with an examination of the associations between self-esteem and the parental couple (C).

A. Self-Esteem

In this chapter, I provide the reader with an overview of the self-esteem construct. The aim of the first section (1) is to contextualize and define self-esteem. Several research lines have been adopted in the literature, resulting in a complex construct with multiple facets. The second section (2) comprises the development of self-esteem across the lifespan and highlights the main aspects that may affect this development. The third section (3) reports the association between self-esteem and the major features involved in well-being. Finally, the fourth section (4) focuses on the theoretical dimensions and presents four different approaches that are helpful for understanding self-esteem and its role in the parental couple context.

The historical outline presented in the first section (1.2) demonstrates that self-esteem has always been conceived as strongly imbedded in the social environment, supporting the idea that it is an interpersonal construct. However, self-esteem reflects a personal characteristic, and much empirical work has been done on self-esteem at the individual level. In order to give a thorough image of this construct we therefore report for the individual benefits that high self-esteem may provide (3). The main focus of this dissertation will emphasize self-esteem at the interpersonal level. However, self-esteem studied as a personal asset delineates a large part of the current research and thinking in this field. Individual characteristics, such as physical and psychological health, could have mediating roles on individuals' self-esteem that, in turn, will help scientists understand the paths through which self-esteem affects relationships.

1 Defining Self-Esteem

1.1 Introduction

This section proposes a historical contextualization of the research on self-esteem (1.2). Then, I report on the different types of definitions of self-esteem (1.3). Self-esteem has been approached from several different perspectives, leading to three main types of definitions that focus on worthiness, on competence, or on both. Then I attempt to define the multiple facets of self-esteem. To that end I first differentiate state, trait and domain-specific self-esteem (1.4), then I define contingent self-esteem (1.5) and report for the two main types of self-esteem measurements, therefore differentiating implicit from explicit self-esteem (1.6). Finally, I question the universality of self-esteem (1.7). The section concludes with the summary of the choices made regarding the present approach to self-esteem in this dissertation.

1.2 Historical context

Self-esteem is an appealing construct. It has been studied since the earliest days of psychology and has led to numerous publications in both the academic community and the mainstream literature. Historically, William James, considered to be one of the pioneers of psychology in the United States, published the first records on self-esteem (e.g., W. James, 1890). He saw self-esteem as a necessity for psychological health, and highlighted the motivational force that it represents. He also initiated the consideration of self-esteem as imbedded within relational interactions.

During the 1960s, self-esteem gained attention with the rise of the humanistic psychology. Among the leaders of this movement, Carl Rogers developed the client-centered approach and considered that the closer one's self-image to his or her ideal-self, the more congruent the person is and therefore the higher his or her self-esteem (Rogers, 1959). Noticeably, Rogers (1959) considered that congruence could only be attained if the social context was sufficiently supportive to allow for it. Accordingly, he proposed that in order to develop high self-esteem, the individual must have experienced acceptance and consideration from others. Abraham Maslow, another outstanding figure of the humanistic psychology movement, developed a hierarchy of

needs, divided into six stages. He believed that primary needs must be first satisfied before more sophisticated needs could be met. Accordingly, one's physiological needs, as well as the feeling of being safe, of being loved and of belonging to a whole must be satisfied in order to attain a fulfilling self-esteem, which can, in turn, lead to self-actualization, or the realization of all one's potential (Maslow, 1970).

By the 1980s, high self-esteem was considered a mental health standard that should be achieved in order to resolve a large array of social problems, from school dropout to delinquency and adolescent pregnancy. In 1986, the California Task Force to Promote Self-Esteem and Personal and Social Responsibility was launched, turning self-esteem into a state-level concern in the US. The aim of the campaign was to enhance the population's self-esteem, with the expectation that it would positively affect their well-being, therefore reducing social problems. Unfortunately, the results fell short of expectations, as most were not statistically significant or were only of small size (Mecca, Smelser, & Vasconcellos, 1989). Leary, Schreindorfer, and Haupt (1995) argued that the limited effectiveness of the campaign could be explained by the fact that its efforts were focused on enhancing self-esteem per se, instead of concentrating on helping people deal with acceptance and rejection, which they considered the determinants of self-esteem.

Noticeably, this setback did not dampen public or research interest in self-esteem. Every year, several new articles on the subject are published and a quick search in the APA Psych INFO database indicates that self-esteem is now the subject of almost 40,000 publications. However, despite the outstanding attention placed on self-esteem – and maybe because of it– the field has long lacked a unifying theoretical framework. This had two main consequences: the absence of an integrated body of research and the proliferation of various types of definitions and concepts, such as trait and state self-esteem (MacDonald & Leary, 2011). We will now try to clarify these aspects.

1.3 Worthiness or competence?

Smelser (1989) highlighted that every person has a representation of what self-esteem is, based on his or her personal feelings and on the observation of others. Nonetheless, putting it into words is a challenging task, and, unsurprisingly, different approaches have been used in the attempt to define self-esteem. Based on Mruk's (2006)

work, I report three main ways of defining self-esteem: by emphasizing competence, worthiness, or both competence and worthiness.

The oldest definition is the one underlining competence and can be traced back to W. James (1890), who described self-esteem as the link between one's desires and accomplishments. He considered self-esteem a personal evaluation of one's level of competence in the domains valued by the individual:

Our self-feeling in this world depends entirely on what we back ourselves to be and do. It is determined by the ratio of our actualities to our supposed potentialities: a fraction of which our pretensions are the denominator and the numerator our success: thus, Self-esteem = Successes/Pretensions. Such a fraction may be increased as well by diminishing the denominator as by increasing the numerator (W. James, 1890, p. 296).

Although this definition implies that self-esteem is rather stable, as a trait would be, it leaves open the possibility that changes may occur, and, therefore, that it is not a static concept. Adopting James's definition means focusing on actions and considering that high self-esteem is only attained if an individual meets his or her own expectations. Accordingly, being successful is not sufficient; one must achieve things in the domains considered as personally worthy. Therefore, in this vision, the components of self-esteem must be unique to each person. James's perspective can be assimilated to Rogers's standpoint, as they both considered that the level of self-esteem is derived from the level of discrepancy between the self and the ideal-self (Rogers, 1959). High self-esteem individuals are expected to be closer to what they aim to be, compared to low self-esteem individuals. One of the issues with this definition is that it is very close to other constructs such as the sense of competence or of self-efficacy, which refers to an individual's beliefs about his or her capacities to complete a desired task (Bandura, 1997). As a consequence, self-esteem and self-efficacy may have been used interchangeably.

The second definition emphasizes worthiness and was developed by Rosenberg (1965), who considered self-esteem as the global perception of oneself, both positively and negatively:

High self-esteem, as reflected in our scale items, expresses the feeling that one is "good enough". The individual simply feels that he is a person of worth; he respects himself for what he is, but he does not stand in awe of himself nor does he expect others to stand in

awe of him. He does not necessarily consider himself superior to others. One might consider the term "self-acceptance" to describe these people, since this term implies that the individual knows what he is, is aware of his virtues and deficiencies, and accepts what he sees without regret (Rosenberg, 1965, p. 31).

Compared to evaluating one's competence, evaluating one's worth seems less complicated, and can be reflected by the question: Do I think I am a "good" or a "bad" person? Rosenberg, Schooler, Schoenbach, and Rosenberg (1995) considered that competence is just one of the factors contributing to a person's feeling of self-respect, which is the core feature of self-esteem according to his definition. The advantage of Rosenberg's definition is that it can be rather easily measured and, accordingly, the Rosenberg Scale of Self-Esteem (RSES, Rosenberg, 1965) is by far the most used (MacDonald & Leary, 2011).

The third definition combines both aspects of competence and worthiness. It was first proposed by Nathaniel Branden, a prominent figure of the self-esteem movement in the 1970s. Branden (1995) considered high self-esteem as "the disposition to experience oneself as competent to cope with the basic challenges of life and as worthy of happiness" (p. 27). The advantage of this definition is that it includes intrapersonal and interpersonal components. Indeed, competence is linked to motivation, self-efficacy and other aspects that are intrinsic to the individual and thus intrapersonal. Conversely, the valence attributed to an action (worthy or not) is subjective and highly influenced by the interpersonal context. From this perspective, individuals develop their sense of worthiness through accomplishing positive actions. The author therefore considers that it is a rational feeling, based on objective aspects, as opposed to the definition based only on worthiness (which could be very subjective).

Throughout this dissertation, I chose to adopt Rosenberg's perspective and therefore to consider self-esteem as the individual's general feeling of worthiness. I retained this choice for three main reasons. First, previous findings indicate that one's thoughts and behaviors are more affected by his or her perception of reality rather than objective notions of reality (e.g., DeHart, Murray, Pelham, & Rose, 2003; Murray, Holmes, & Griffin, 2000). Accordingly, what is most important is how the person sees himself or herself, even if this perception is subjective. Second, authors who propose to measure self-esteem through competence consider it has the advantage of being more objective.

However, measuring competence in an objective fashion seems complicated. It implies several methodological questions. For example, when learning a foreign language, at what point is it considered mastered? Is it when the individual is capable of managing interactions in a country where the language is spoken? Is it when zero mistakes are made? Furthermore, how is the individual's competence rated and by whom? If we simply ask the person how good s/he thinks s/he is at a task, it will be a subjective measure as well. Finally, as W. James (1890) highlighted, the domains of competence that are important for one's self-esteem are unique to each person. Thus, an instrument that emphasizes competence to measure self-esteem should be unique for each participant, highly complicating its feasibility for use. Accordingly, our choice was based on theoretical and practicability criteria. With the global definition of self-esteem stated, next, I treat the clarification of its different facets.

1.4 State, trait and domain-specific self-esteem.

J. D. Brown and Marshall (2006) emphasized the importance of differentiating between the "three faces" of self-esteem, namely: state, trait, and domain-specific. First, authors distinguish between state and trait self-esteem (e.g., Leary, 1999). State self-esteem can be assimilated to a mood, in the sense that it fluctuates according to situational factors. State self-esteem represents momentary changes in the way individuals perceive themselves due to the experiences they are living in the moment (for example, one can experience a boost/drop in self-esteem after having received positive/negative feedback on one's work). Conversely, trait self-esteem is a stable construct, referring to the average feeling individuals have about themselves. Longitudinal studies have confirmed that trait self-esteem's stability is comparable to that of the Big Five personality traits (Kuster & Orth, 2013; Wagner, Lüdtkke, & Trautwein, 2016). It was also shown that individual differences are already slightly stable at a young age (Trzesniewski, Donnellan, & Robins, 2003), and that the stability of trait self-esteem increases as the individual matures into adulthood (Kuster & Orth, 2013; Wagner et al., 2016).

Second, authors distinguish between global and specific self-esteem (e.g., Rosenberg et al., 1995). Global self-esteem is a judgment on the entire self and is a synonym of trait self-esteem (J. D. Brown & Marshall, 2006), while specific self-esteem

concerns a person's judgment regarding explicit domains, such as academic achievement or body image (J. D. Brown & Marshall, 2006). It refers to the individual's judgment on specific facets of the self and can also be referred to as self-efficacy, where the individual's capacities to perform a specific task are concerned.

As we see it, trait self-esteem represents a "meta-level" of state and domain specific self-esteem. Indeed, Leary and Tangney (2011) proposed that trait self-esteem arises from one's average feelings toward oneself, derived from his or her different state self-esteem experiences. Furthermore, Rosenberg et al. (1995) suggested that trait self-esteem is shaped by specific self-esteem in domains that are personally valued. Accordingly, trait self-esteem seems to be built on state and domain specific self-esteem. In this dissertation, I aim to propose a comprehensive understanding of self-esteem. Therefore, the larger perspective that trait self-esteem offers is more relevant to this study. Subsequently, the term self-esteem will refer to trait self-esteem, unless otherwise specified.

For trait, state, and domain specific self-esteem, the individual can be characterized as having high or low levels on these constructs. However, some authors have proposed that to grasp a more complete image of self-esteem's complexity it is also important to acknowledge the level of stability and internalization of the construct, which will now be developed.

1.5 Contingent self-esteem

Kernis and Goldman (2006) posited that a lack of stability expresses fragility in self-esteem and is linked to what Deci and Ryan (1995) described as contingent self-esteem. Having a contingent self-esteem means that it fluctuates according to external cues and social expectations. An individual with contingent self-esteem will only feel worthy if s/he is capable of achieving social standards of success and is particularly preoccupied by how others perceive him or her. Thus, according to Deci and Ryan (1995), this type of self-esteem is fragile, because it is only high if social expectations of success are satisfied. Furthermore, it implies the person's need for constant validation. Thus, for contingent individuals, state and trait self-esteem constructs are blended. This blend is considered to be maladaptive, as it indicates that the person does not have a clear appreciation of his or her self-worth.

Noticeably, this perspective is not consensual. Leary (2005) clearly disagrees with this conception and considers that if a solid self-esteem was to be defined by the fact that it is unaffected by others' opinion, no one could achieve a healthy self-esteem. Indeed, several theories, such as the sociometer (Leary & Baumeister, 2000) – which will be presented subsequently – consider that others' regard and acceptance has a central role in developing self-esteem. The sociometer theory is one of the major contemporary theories for understanding the role of self-esteem in social interactions, and I chose to adopt Leary's perspective. Therefore, I will not control for the contingency of self-esteem in this dissertation.

A last important feature of self-esteem concerns its measurement. Indeed, it can be explored through two main approaches, which we will now describe.

1.6 Implicit and explicit self-esteem.

One could question the effects of social desirability on instruments assessing explicit self-esteem. Tests evaluating implicit self-esteem were developed to overcome this effect. Implicit self-esteem is an automatic non-conscious evaluation of the self, based on self-related stimuli (Bosson, Swann Jr, & Pennebaker, 2000). The Implicit Association Test (IAT) is an example; it is a frequently used instrument that measures the strength of the association between positive or negative terms and the self (Greenwald, McGhee, & Schwartz, 1998). The validity of this instrument relies on the assumption that individuals high in implicit self-esteem have a more positive image of themselves and are therefore quicker at associating themselves to a positive term, compared to a negative term.

As an automatic response, implicit self-esteem could have the advantage of revealing the core features of one's self-esteem. However, the validity of such instruments has been questioned. Bosson et al. (2000) showed that the results of implicit self-esteem measures are generally not correlated with one another, therefore indicating low convergent validity. Furthermore, implicit and explicit self-esteem measures appear to be weakly associated, indicating low discriminant validity (Falk, Heine, Takemura, Zhang, & Hsu, 2015). Finally, through a meta-analysis Buhrmester, Blanton, and Swann Jr (2011) showed that implicit self-esteem is a weak predictor of factors strongly associated with self-esteem, such as depression. Accordingly, implicit

self-esteem measures also have a weak predictive validity. A possible explanation for these results is that the representation of self-esteem is multidimensional and it is complicated to form an implicit measure that would tap in the global perception of the self (Falk & Heine, 2015).

Measuring implicit self-esteem could be more objectively measured than explicit self-esteem. However, this type of instrument is still controversial, whereas explicit questionnaires have proven their worth. Accordingly, the Rosenberg scale (Rosenberg, 1965) has been repeatedly found to have interesting psychometric properties (e.g., Donnellan, Ackerman, & Brecheen, 2016; Robins, Hendin, & Trzesniewski, 2001). Therefore, explicit self-esteem measures will be used throughout the studies elaborated for the present dissertation.

The aim of the previous subsections was to provide the reader with a thorough understanding of what is self-esteem and what are its components. One last question should, however, be raised: Can these characteristics be applied worldwide, or does the self-esteem construct differ from one culture to another?

1.7 Is self-esteem a universal construct?

Rosenberg (1965) considered that having a positive attitude toward oneself was probably a universal motivation and proposed that the importance given to the self may vary from a person to another but would remain a domain of interest for each of us. With the development of cross-cultural psychology in the 1990s, the question of the universality of self-esteem has generated an ongoing debate concerning the differences between Western and Eastern cultures.

Some authors consider that self-esteem and the need for positive self-regard is mainly a Western concept (Heine & Hamamura, 2007; Heine, Lehman, Markus, & Kitayama, 1999), which may not exist –or not within the same parameters– in Eastern countries. Accordingly, the cultures in which one is raised, through the norms, values, and practices learned, would shape the self in a different way; leading not only to different levels, but also to different types of self-esteem. These assumptions are based on the multitude of studies showing that individuals from Western societies, in particular, measure higher on self-esteem instruments than individuals from Eastern societies. For example, Japanese participants appear to be one to two standard deviation

units lower than Canadian and Australian participants (J. D. Campbell et al., 1996; Feather & McKee, 1993). Similar results were found between participants from Hong Kong and the United States (Kwan, Bond, & Singelis, 1997). A suggested explanation is that Western (individualistic) cultures appear to encourage independence, expressivity, and personal success, while Eastern (collectivist) societies seem to favor interdependence, empathy, and cooperation (Markus & Kitayama, 1991). Consequently, having high self-esteem and standing out seems functional in Western societies, while adopting a low profile seems more adequate in Eastern societies. Following this assumption, Heine and Hamamura (2007) considered that Western citizens are motivated to have high self-esteem, while Eastern citizens have less, or even no need for it.

Other authors have a different perspective and consider that although individual and cultural variances can be found, the construct of self-esteem is universal, meaning that everyone strives to have a positive image of himself or herself. A significant number of findings seem to show that this vision is closer to reality. First, among 53 countries from all continents, the mean score of self-esteem on the RSES (Rosenberg, 1965) always appeared to be above the neutral midpoint, refuting the idea that only Western populations are interested in having a positive perception of themselves (Schmitt & Allik, 2005). In general, Western countries did appear to have a higher nation-score on the RSES, compared to Eastern countries. However, some individualistic societies such as France, Switzerland and Belgium (Denissen, Penke, Schmitt, & Van Aken, 2008) still scored close to the neutral midpoint of the scale (Schmitt & Allik, 2005), indicating that individualism might not be the core reason of the significant difference between countries such as the United States and Japan.

Additionally, self-esteem appears to be linked to similar personality factors in more than 50 countries (Kwan et al., 1997; Schmitt & Allik, 2005; Shikishima et al., 2018). Accordingly, self-esteem is usually described as negatively associated with neuroticism, positively associated with extraversion, openness, and consciousness and unrelated to agreeableness. Self-esteem also shows similar effects on one's important life outcomes across cultures. For example, self-esteem has been associated with psychological health, notably through anxiety and depression, and to general well-being

(Cai, Wu, & Brown, 2009; Diener & Diener, 1995; Sowislo & Orth, 2013), with samples collected in multiple countries.

Moreover, state and trait self-esteem, as well as implicit self-esteem, appear to have a similar functioning in Eastern and Western societies. Both American and Chinese participants reported lower state self-esteem after being told they had failed at a task, compared to when they were told to have succeeded at it (J. D. Brown & Cai, 2010). Furthermore, the level of trait self-esteem appears to buffer the negative evaluation of a poor performance, independently from the participant's cultural background (J. D. Brown, Cai, Oakes, & Deng, 2009). Finally, when implicit measures are evaluated, which are designed to eliminate cultural biases, Eastern participants get increased self-esteem results. Accordingly, a meta-analysis evaluating implicit self-enhancement found no differences between Eastern and Western countries (Heine & Hamamura, 2007).

Researchers indicate that participants' cultural background does not affect the way individuals feel about themselves, but rather what can be said and what should be kept private. Modesty is a highly valued quality in Eastern countries and, when controlled for, the difference between Chinese and American scores on the RSES disappears (Cai, Brown, Deng, & Oakes, 2007). Other studies found that the level of self-esteem and self-enhancement for Japanese and Chinese participants could be increased by empirically lowering the importance of modesty (Han, 2010; Suzuki & Yamagishi, 2004; Tafarodi, Shaughnessy, Yamaguchi, & Murakoshi, 2011; Yamagishi et al., 2012). In Eastern cultures, one should not put himself or herself forward. However, it is socially acceptable for loved ones to report a positive opinion of the person. Accordingly, Muramoto (2003) showed that self-enhancement is easier for Japanese participants to accept when it comes from others close to them: They do not attribute their successes to themselves, but they expect their family and friends to do so (Muramoto, 2003).

Another line of research indicates that self-esteem is partially genetically transmitted, an argument which highly supports the universality of this concept. Genetics appear to explain 25 to 50% of the variance of self-esteem in American, German, and Japanese samples (e.g., Bleidorn, Hufer, Kandler, Hopwood, & Riemann, 2018; Boardman, Blalock, & Button, 2008; Neiss, Sedikides, & Stevenson, 2002; Neiss et al., 2005; Shikishima et al., 2018; Stieger, Kandler, Tran, Pietschnig, & Voracek, 2017). Researchers showed that monozygotic twins were more alike, compared to dizygotic

twins. Because siblings share the same environment, the fact that monozygotic twins resemble each other to a higher degree supports the idea that self-esteem is partly transmitted through genes. The rest of the variance can be explained mainly by non-shared environmental influences, which refer to the unique experiences that individuals live and that are not shared between twins.

Moreover Bleidorn et al. (2018) and Stieger et al. (2017) used more sophisticated models to distinguish between additive genetic influences (wherein resemblance is explained by the presence of identical genes) and non-additive genetic influences (wherein resemblance is explained by interactions between genes, for example, through dominance effects). Those models included data of parents and non-twin-sibling data. The results indicated that monozygotic twins are more similar than they should be if only accounting for heritability, suggesting non-additive genetic influences. Accordingly, monozygotic twins have something in common that is not shared with their parents and their self-esteem resemblance seems to depend not only on the presence of specific genes (additive genetic influences), but also on the interactions between genes (non-additive genetic influences).

Stieger et al. (2017) also examined implicit self-esteem and found that about 50% of the variance in self-esteem was explained by heritability, whereas non-additive effects did not seem to play a significant role.

Few researchers have tried to isolate the genes implicated in self-esteem. However, the oxytocin receptor gene seems to be one of them (Saphire-Bernstein, Way, Kim, Sherman, & Taylor, 2011). Noticeably, this gene also appears to be implicated in optimism, feeling of mastery, and more generally socio-emotional functioning and positivity.

In summary, the self-esteem construct has generated multiple debates regarding its nature and how it ought to be studied. For this dissertation, I chose to endorse Rosenberg's perspective and will, therefore, consider self-esteem as a universal concept, referring to the global attitude adopted towards oneself. Furthermore, I will focus on trait self-esteem, measured with explicit instruments.

2 Self-Esteem Across the Lifespan

2.1 Introduction

Through this second section I report for the literature on self-esteem's characteristics across the lifespan. I will cover findings on the emergence of self-esteem (2.2), its normative changes (2.3), and on the role of stable characteristics, such as participants' cultural background or gender (2.4). I will conclude this section by reviewing the life experiences that have been shown to modulate the normative changes of self-esteem (2.5).

2.2 Emergence of self-esteem and role of the family environment

Few researchers have focused on early age self-esteem. Among them, Harter's theoretical perspective is considered preeminent in the field. Harter (2006) believes that two intertwined processes are necessary to acquire the capacity of evaluating one's self-esteem: cognitive development and socialization. Noticeably, this second aspect, and more specifically the role of the family context for the development of self-esteem is debated. I will therefore review for the different perspectives, and report for the empirical findings supporting each standpoint.

Around eight years of age, children seem to have integrated the cognitive skills necessary to conceptualize and verbalize global self-esteem (Harter, 1999). Before this age, children are able to report their capacities in specific domains (e.g., "I can count up to 100"), but they have difficulties distinguishing between their ideal and actual competences. It is also hard for them self-evaluate in comparison to others (Ruble & Frey, 1991), or to do so based on the perception important others have of them (Selman, 1980). These cognitive limitations could protect children from having a negative perception of themselves. However, empirical studies seem to indicate that an accurate sense of self-esteem can be evaluated starting at five years of age using an age-appropriate instrument, such as a puppet interview (Cassidy, 1990). Accordingly, Verschueren, Buyck, and Marcoen (2001) showed that children's self-esteem at age 5 was associated with their self-perception and with their teacher's observation at age 8. Noticeably, even at a very young age (between 2 and 4 years old), children appear to

adopt behaviors that can be assimilated to high or low self-esteem, such as displaying self-confidence, demonstrating curiosity, or handling teasing and stress. These conducts are called “behaviorally-manifest self-esteem” (Harter, 2006). They are important because children who exhibit less of these behaviors —such as showing less interest in exploring their environment and sharing with others— are less likely to be motivated to develop their cognitive and social competencies, potentially inhibiting their development.

Harter’s perspective is based on attachment theory. She considers that cognitive development resulting in the constitution of one’s self-esteem is highly affected by socialization and, therefore, by family context. According to attachment theory, the sense of self arises from early interactions with one’s environment (Bowlby, 1973). The feedback that children receive from their parents and significant others (as being lovable and skilled) constitutes the foundation on which they will subsequently develop their ability to verbalize their perception of themselves. Parental feedback is expected to allow children to develop an internal working model of self. Securely attached children have their affection and protection needs met. They are also encouraged and supported in the exploration of their environment, all of which is believed to be important in achieving the development of a positive model of self, as being worthy and competent.

From an empirical perspective, a controversy exists between researchers from different fields that evaluate the impact of family environment on children’s self-esteem. This question is addressed in both genetic studies and family studies, each field drawing opposite conclusions.

As explained earlier, genetic researchers evaluate the part of self-esteem that can be attributed to shared environmental influences. In those studies, researchers focus on twin resemblance and consider that family factors (shared environment) impact children if they generate similarity between twins. Accordingly, researchers usually compare the common variance found between monozygotic and dizygotic twins that were raised in the same family. The closer it is, the larger the importance of the shared environment is.

Most genetic studies find no effect of the shared environment (Bleidorn et al., 2018; Neiss et al., 2002; Neiss, Sedikides, & Stevenson, 2006). However, Bleidorn et al.

(2018) suggests that classical twin designs (CTD) are not optimal to detect family influences and proposed an alternative genetic model, called nuclear twin family design (NTFD). The main difference between CTD and NTFD is that the latter also includes reports from parents and non-twin siblings, allowing for comparison of common variance between several family members. Through this model, the authors found an environmental effect. However, it was very small (6%) and related more to age-specific environmental experiences than parental influence. Accordingly, twins seem to be more alike, compared to non-twin siblings because they are in the same developmental stage at the same time. Similarly, siblings with smaller age differences appeared to have closer self-esteem levels, compared to siblings with larger age differences.

By contrast, family researchers have repeatedly found that children's self-esteem benefits from a stable healthy family environment. Accordingly, adolescents' and young adults' self-esteem has been linked to the perception of their mothers' and fathers' involvement in their lives (Bulanda & Majumdar, 2009; Causey, Livingston, & High, 2015), to their perception of parental support (Kerpelman, McElwain, Pittman, & Adler-Baeder, 2016) of empathy (Trumpeter, Watson, O'Leary, & Weathington, 2008) and to the general quality of the parent-child relationship (Bulanda & Majumdar, 2009). Interaction effects were also found indicating higher self-esteem when the adolescent reported high investment and high-quality relationship with both parents (Bulanda & Majumdar, 2009). Regarding the effects of negative parental behaviors, inconsistent love from both parents has been negatively associated with young adults' self-esteem (Trumpeter et al., 2008). Similarly, childhood exposure to alcoholism and violence in the family is also linked to lower self-esteem (Greger, Myhre, Klöckner, & Jozefiak, 2017; Ritter, Stewart, Bernet, Coe, & Brown, 2002).

More generally, mothers' and fathers' parenting style (as reported by the child) appears to have a main effect on adolescent self-esteem. Authoritative style, wherein parents express their affection and support but also have appropriate expectations and demands toward the child (Baumrind, 1971), appears to promote higher self-esteem in several countries, such as Croatia, China, America and Turkey (e.g., Milevsky, Schlechter, Netter, & Keehn, 2007; Newman et al., 2015; Raboteg-Saric & Sakic, 2014). Moreover, Heaven and Ciarrochi (2008) showed that perceived authoritarian parenting (high in control and low in warmth) is associated with a less positive trajectory of adolescent

self-esteem than other parenting styles. The authors also indicated that when parents were low on authoritarian parenting, increases in adolescent self-esteem were observed over time.

Beyond the effect of the quality of the parent-child relationship, self-esteem also appears to be affected by the quality of the parental relationship (Silva, Calheiros, & Carvalho, 2016). Accordingly, researchers have indicated that parental conflict reduces adolescents' perception of parent-child relationship quality, which, in turn, is associated with lower adolescent self-esteem (Siffert, Schwarz, & Stutz, 2012; Silva & Calheiros, 2018).

Most studies focus on adolescents or young adults. However, some authors have also evaluated the impact of family environment during childhood on self-esteem. With eight-year-old children, Amato and Fowler (2002) showed a tendency for parental support to predict an enhancement of child self-esteem five years later. In a two-year longitudinal study with a similar population, Brummelman et al. (2015) showed that children's self-esteem was predicted by their perception of parental warmth. Interestingly, parents' report on their warmth was not a significant predictor. Regarding negative parenting, Amato and Fowler (2002) indicated that harsh punishment at eight years of age had a tendency to negatively affect child self-esteem five years later. However, Kim and Cicchetti (2004) found that the self-esteem of children who had been maltreated did not significantly differ from that of non-maltreated children. What differentiated high and low self-esteem children in that study was having a secure attachment to their mother or not (Kim & Cicchetti, 2004). Noticeably, no correlation was found between maltreatment and secure attachment.

As far as I know, Orth (2017) published the only study that has evaluated the effect of the family context on self-esteem across a large time span. In this study, multiple family environment characteristics were collected when participants were six years old and their predictive effect on self-esteem was tested. The self-esteem measures were collected twice a year from age 8 to 27. All of the environmental variables had significant effects: High quality of home environment (supportive, warm, stimulating and safe), high parental relationship quality, father's presence, and absence of maternal depression were each associated with higher participant self-esteem. The

largest effect was attributed to the quality of home environment. As children grew up, the effects shrank but remained significant through adulthood.

All of these findings sufficiently support the belief that children's family environment has an effect on their self-esteem. Consequently, how can the differences in conclusions reached by the genetic and social approaches be reconciled? One aspect that should be highlighted is that the genetic and social approaches do not answer the exact same question. In the former, researchers try to understand the similarity between two individuals, whereas in the latter, researchers try to predict an outcome. A similar parental behavior might not have the same effect on two children of a same family and, therefore, will be classified as a non-shared environmental influence by the behavioral genetic approach. Nevertheless, this particular parental behavior might have a higher chance of producing a certain child outcome and, in this case, to a certain level of self-esteem. Furthermore, genetic studies do not seem to control for the effect of age, and therefore developmental level, which seems to have a significant effect and could also explain part of the difference found between the two fields of research.

We are now going to report for self-esteem's trajectory across the life span.

2.3 Normative changes

As mentioned earlier, trait self-esteem appears to be a stable characteristic (e.g., Wagner et al., 2016). However, Robins, Trzesniewski, Tracy, Gosling, and Potter (2002), were the first to report that self-esteem seems to follow normative changes across the life span. Using an American sample with participants ranging in age from nine to 90 years old, Robins indicated that self-esteem is at its height during childhood, decreases sharply through adolescence (starting at age 13), and regains strength during early adulthood (between 23 and 29 years of age). Self-esteem then reaches a plateau (between 30 and 40 years of age), followed by another period of strengthening, reaching its peak at approximately age 60. A decline is observed once again through old age. This study had the advantage of being based on a very large sample of 326,641 individuals. However, it was cross-sectional, and, thus, cohort effects could not be excluded (e.g., participants in their sixties may always have had high self-esteem because the social context in which they were raised may have been more beneficial than that of younger generations).

Subsequently, several longitudinal studies were achieved allowing the publication of a meta-analysis based on 130 independent samples with participants ranging from seven to 71 years of age (Huang, 2010). The results indicated that self-esteem increased from childhood to middle adulthood, decreased between 50 and 60 years of age, and slightly increased after age 60. However, the level of change was not significant between 12 and 18 years of age, and for decade groupings above 30 years old (30-40, 40-50, 50-60, and older than 60) indicating a certain stability between those ages. Noticeably almost all of the included studies were conducted on a relatively short time-span (less than a year to 3 years), and only one included a span of more than 10 years. Furthermore, out of the 130 samples, only 12 included participants aged 30 or over, which limited the statistical power for measuring self-esteem in middle and older adulthood, and thus the validity of these results.

Recently, researchers have published multiple studies with large samples over longer time-spans. Three of them were conducted with American samples. They comprised participants between 14 and 104 years of age, and all of them included assessments across a period of 12 years or more (Erol & Orth, 2011; Orth, Robins, & Widaman, 2012; Orth, Trzesniewski, & Robins, 2010). Another longitudinal study was conducted across four years with a German sample that included several cohorts, with participants ranging in age from 14 to 89 years (Orth, Maes, & Schmitt, 2015). Results of these four studies showed a significant rise of self-esteem from adolescence through middle adulthood with a peak at age 50-60 and a decline in advanced age. None of them reported for a cohort effect, suggesting that people have undergone similar self-esteem trajectories during the last century. However, Twenge, Carter, and Campbell (2017) reexamined Orth et al.'s (2010) results by using different statistical methods and found an increase of self-esteem in the recent generations. This increase could be attributed to the birth cohort and may indicate that societal changes such as the increased focus on the self (particularly through social media), in fact, may have an effect on how individuals perceive themselves.

These results all indicate the presence of normative changes based on the individual's age. Interestingly, as time passes by, self-esteem seems to become less dependent on outside influence, and fluctuations appear to diminish between adolescence and middle adulthood (Meier, Orth, Denissen, & Kühnel, 2011) and in old

age (Wagner, Hoppmann, Ram, & Gerstorf, 2015). Furthermore, individuals reporting high self-esteem at a certain life stage are more likely to persevere in this report as time passes by. Accordingly, self-esteem seems to display moderate rank order stability (e.g., Neyer & Asendorpf, 2001). These findings confirm that although self-esteem is not static, it can be considered as a stable characteristic presenting interindividual differences. I am now going to review some of the aspects that could explain this variability.

2.4 Stable characteristics affecting self-esteem

In this subsection, I describe major results on the effect of belonging to a cultural minority (2.4.1) and to a certain socio-economic background (2.4.2). I also examine the effects of gender (2.4.3) and personality on self-esteem (2.4.4).

2.4.1 Being part of a cultural minority

In American society, many researchers have evaluated the effect of the ethnic background on self-esteem. In a first meta-analysis based on 261 comparisons, Gray-Little and Hafdahl (2000) found that, for children below the age of 10, Caucasians had a higher self-esteem than African Americans. Afterwards, the direction reversed, and African Americans demonstrated higher self-esteem compared to Caucasians during late childhood, adolescence and young adulthood. Similarly, in another meta-analysis including samples with participants of different ages, Twenge and Crocker (2002) showed that African Americans displayed higher self-esteem scores than Caucasians, who, in turn, scored higher than the other main American ethnicities (Hispanics, Asians, and Native Americans). Noticeably, the differences generally grew larger over time and there did not seem to be a clear pattern regarding the variance between Caucasian and Hispanic participant self-esteem. In line with the findings on cultural differences mentioned earlier, Asian Americans appeared to have the lowest self-esteem scores.

Results of longitudinal studies also have indicated the presence of different trajectories of self-esteem according to the ethnic background. Erol and Orth (2011) found that during adolescence, Hispanic participants had lower self-esteem compared to African American and Caucasian participants. However, by 30 years of age, this difference had diminished and Hispanic and African American participants had a higher self-esteem than Caucasian participants. This could explain the absence of pattern in Twenge and Crocker's (2002) results. With an older sample of participants ranging from

24 to 104 years of age, Orth et al. (2010) also showed an ethnicity effect on the self-esteem trajectory. African American and Caucasian participants had similar self-esteem trajectories during young and middle adulthood. However, in old age, the decline was sharper for African Americans than for Caucasians (Orth et al., 2010). Shaw, Liang, and Krause (2010) supported these results, wherein a steeper decline in self-esteem was noted for aging African Americans. Noticeably, self-esteem's decline in old age is part of its normative changes, and appears to be a consequence of health and socio-economic status deterioration (Orth et al., 2010). This deterioration might be particularly sharp for African American participants, who tend to come from a lower socioeconomic background.

In other countries, the effect of being part of a minority has not been explored as widely. However, Sherer and Enbal (2006) showed that in Israel, Arab adolescents had higher self-esteem scores than Jewish adolescents, and Iqbal, Ahmad, and Ayub (2013) found that in Pakistan, Hindu and Christian minorities had lower self-esteem compared the Muslim majority. Conversely, in the Netherlands, Dutch adolescents and those originally from Morocco, Turkey and Surinam had similar levels of self-esteem (Verkuyten, 1995, 2009). As these findings are the results of single studies, they should be taken with caution and replications are needed to ensure that these are not random effects.

Twenge and Crocker (2002) described several aspects that can account for self-esteem differences between majority and minority groups, notably, the stigma linked to being part of a minority (internalized or as a self-protection), the level of identification to the ethnic group, and the cultural differences in the perception of oneself.

The internalization of stigma refers to the fact that one's self-esteem is affected by the social position of the group to which they belong. For example, as African Americans have suffered a long history of discrimination in the United-State, one could expect them to have a lower self-esteem compared to the dominant Caucasian ethnicity. This perspective also implies that self-esteem should be moderated by the level of racial prejudice endured. Accordingly, minorities should have a lower self-esteem only if living in a discriminating context. This hypothesis does not seem to match for African American participants (Twenge & Crocker, 2002). However, it could explain Iqbal et al.'s (2013) results, which indicate that Pakistani minorities tend to have lower self-esteem

than their majority counterparts. Furthermore, the absence of difference between the self-esteem of minority and non-minority youth in the Netherlands (Verkuyten, 2009) could indicate that the discrimination in this country is rather low (Zick, Pettigrew, & Wagner, 2008).

Twenge and Crocker (2002) proposed that being part of a minority also could have a buffer effect on negative experiences. Stigma could be used for self-protection, wherein individuals only compare themselves to similarly disadvantaged people, adopt an external locus of control by considering that personal failures are due to discrimination, and/or selectively value the domains in which their group is considered competent. According to this view, being part of a minority should protect one's self-esteem and lead to higher self-esteem compared to others' in the majority group. This hypothesis better explains findings regarding African Americans' self-esteem in the United States.

Having a strong feeling of belonging to the ethnic group and a positive perception of one's ethnic identity also seems important for cultivating high self-esteem. Twenge and Crocker (2002) proposed that people identifying with their in-group and having a positive image of it should have higher self-esteem, in particular because it may facilitate the self-protection processes described above. Furthermore, the rejection endured from the majority group might be less damaging because this rejection would be considered as coming from an out-group, which is much more acceptable. The authors suggested that the development of an ethnic identity passes through three stages, starting with the internalization of stigma, followed by a rejection of stigma, and culminating in a redefinition of identity. According to this perspective, and as found by Gray-Little and Hafdahl (2000), minority children should have lower self-esteem compared to majority children, but that this result should reverse with time, as the minority children's identity would be reassessed in a more protective way. In line with this view, Verkuyten (2003) found that strong ethnic identity was associated with higher self-esteem in Turkish and Moroccan immigrants in the Netherlands.

Finally, Twenge and Crocker (2002) highlighted the fact that cultural background differs from one minority to another, having potentially unique consequences on self-esteem. For example, individualism and collectivism (which are not necessarily opposed to each other) may play a role, wherein high individualism is usually associated with

higher self-esteem and high collectivism with lower self-esteem (Oyserman, Coon, & Kemmelmeier, 2002). Through a meta-analysis Oyserman et al. (2002) showed that Caucasians displayed lower individualism but similar collectivism compared to African Americans, lower collectivism but similar individualism when compared to Hispanics, and higher individualism but lower collectivism when compared to Asians. These results align with Twenge and Crocker's (2002), who found that self-esteem was the highest for African Americans, followed by Caucasians, Hispanics, and Asians. They are also consistent with researchers indicating that participants from Eastern countries usually display lower self-esteem than those from the United States (e.g., Kwan et al., 1997).

2.4.2 Effect of the socio-economic background

Several researchers controlled for socioeconomic status, and it appeared to have an effect on self-esteem. In a meta-analysis of 446 studies Twenge and Campbell (2002) found that the effect is already present in young children and increases with time until age 60, after which it declines. Noticeably, the effects of occupation and education were larger compared to the income effect. The authors also showed an interaction between gender and age, wherein the effect size grew larger for women but shrank for men over time. Furthermore, the effect was greater for Asians. Robins et al. (2002) found similar results, indicating that the effect of socioeconomic background on self-esteem was the largest during adulthood. In longitudinal studies, coming from a low socioeconomic background appears to negatively affect the self-esteem trajectory (Orth et al., 2015). In old age, in particular, the normative decline appeared to be steeper for individuals with low socio-economic status (Orth et al., 2010).

2.4.3 Effect of gender

Concerning gender, substantial research indicates that men report higher self-esteem. This difference appears to emerge in childhood (Flouri, 2006) and has been largely documented. Through a meta-analysis of 1,148 recent studies (published between 2009 and 2013), Zuckerman, Li, and Hall (2016) showed that the effect was small but significant. However, it should be noted that this may not be an effect of gender itself, but a socio-cultural effect. In accordance with this assumption, the authors showed that the effect of gender differed according to ethnic background. For Caucasian, Hispanic, and Asian participants, the variance between men's and women's self-esteem

was similar, while African American participants did not display differences in their self-esteem according to gender. In most societies, women are less encouraged to put themselves forward, compared to men. However, this result could indicate that it is not the case among the African American community.

Zuckerman et al. (2016) showed that the gender difference appeared in the 1970s, increased until 1995, and has been decreasing since then. They posited that before the 1970s women did not compare themselves to men, each being in charge of specific domains (mainly family and household occupations versus breadwinner). However, the situation changed as women took a larger space in the work force and started to notice the inequalities (e.g., being paid less for the same work). As time passed, society continued to change, and inequalities shrank, which could explain the diminution of self-esteem differences between men and women.

It should also be noted that high self-esteem is not always well seen for women. Accordingly, Zeigler-Hill and Myers (2011) found that women with moderate levels of self-esteem are sometimes considered more attractive than high self-esteem women, who might be perceived as threatening for men.

Finally, although women appear to have lower self-esteem scores, their self-esteem trajectory through life does not seem to differ from men's (e.g., Erol & Orth, 2011; Orth et al., 2010). Similarly, the stability of self-esteem does not seem to differ according to gender (Trzesniewski et al., 2003).

2.4.5 Effect of personality

Some personality traits appear to be beneficial for the positive development of self-esteem. In particular, Erol and Orth (2011) showed in a longitudinal study that participants emotionally stable and extraverted consistently displayed higher levels of self-esteem. Similar results were found regarding conscientiousness and openness, although the effect sizes were smaller (neuroticism was not evaluated). However, the Big Five personality traits did not seem to predict participants' self-esteem trajectory. In another longitudinal study, the results were similar, although stronger, as personality traits did appear to affect self-esteem trajectory (Wagner, Lüdtkke, Jonkmann, & Trautwein, 2013). Indeed, it was shown that individuals low in neuroticism, high in extraversion, openness and conscientiousness displayed more positive self-esteem

development between adolescence and young adulthood. In both studies, extraversion had a stronger effect compared to the other personality traits.

One's sense of mastery also appears to have an important effect on self-esteem trajectory. Erol and Orth (2011) showed that increases in sense of mastery were followed by increases in self-esteem and vice-versa. Accordingly, the normative changes in sense of mastery also appeared to account for a large part of self-esteem's normative changes.

These results can be explained by the fact that personality traits shape our natural tendency to adopt certain behaviors (Srivastava, Angelo, & Vallereux, 2008). Accordingly, extraverted individuals will tend to be enthusiastic and talkative (Gosling, Rentfrow, & Swann Jr, 2003). This might facilitate one's integration in a social group, as self-esteem is linked to feeling accepted (e.g., Leary & Baumeister, 2000). Similarly having a high sense of mastery means that the person feels some sense of control over life (Pearlin, Menaghan, Lieberman, & Mullan, 1981), which is helpful to truly engage in a task, therefore, make one more likely to achieve it. Therefore, it is possible that self-esteem and personality traits feed each other through a positive (or negative) loop. For example, Rose might have a tendency toward extraversion, which she has found useful for making new friends; her extraversion has positively enhanced her self-esteem, because she can perceive herself as usually being liked by others. Taken together, all of these experiences will probably encourage her to continue acting the same way, therefore nurturing a positive loop.

Stable individual characteristics seem to affect self-esteem. However, self-esteem is not a static construct, and specific life events might disrupt and modify its trajectory. It is the aspect I am now going to address.

2.5 Life events affecting self-esteem

Through this subsection I summarize research focusing on the effects of life experiences on self-esteem, including the effects of accumulated stressful events (2.5.1), relationship status (2.5.2) and parenthood (2.5.3).

2.5.1 Stressful events

Some authors have evaluated the longitudinal effects of aggregated stressful life events (e.g., negative life events at work or with the family). Most have found significant

results, indicating that a larger number of negative life events encountered during the last months or year predicted change in self-esteem, which appeared to decrease (Joiner, Katz, & Lew, 1999; Orth, Robins, & Meier, 2009; Orth et al., 2015; Pettit & Joiner, 2001). However, in two samples the results were nonsignificant (Orth et al., 2009). Noticeably, this was the only study using cross-lagged models, which have been shown to be most adjusted method to evaluate causal effects (Grimm, 2007).

2.5.2 Starting or ending a relationship

Other researchers examined the effect of entering or ending a relationship. Wagner et al. (2013), who focused on a population of emerging adults, reported that the fact of being in a relationship had no effects at age 21. However, it affected men's self-esteem trajectory starting age 23 and women's trajectory starting age 25. Lehnart, Neyer, and Eccles (2010) found similar results. For men, a significant decrease in self-esteem was observed when being single between 23 and 28 years of age (but not between 20 and 23 years of age). For women, until age 28 –which represented the study's upper age limit – no effects were found. Accordingly, as suggested by Luhmann, Orth, Specht, Kandler and Lucas (2014), accounting for the occurrence of this life event (entering a relationship) in itself does not seem sufficient to fully understand its effect on the self-esteem trajectory. Being in a relationship seems to represent an age- and context-related challenge. People being single in their early twenties does not seem to present a self-esteem problem, probably because it is still ordinary at this age. However, as time passes, and as one sees his or her friends entering serious relationships, one might start feeling maladjusted and insecure about his or her capacity to enter into or to maintain a relationship, therefore affecting one's self-esteem. Accordingly, singleness might only have an effect on self-esteem if it compromises one's feeling of belonging and of sharing a value system with friends. This assumption implies that the age threshold at which an effect starts to be observed will differ from one social group to another.

Noticeably, Lehnart et al. (2010) not only showed that singleness had a negative effect, but also that partnership transition had a positive effect. Indeed, a slight increase in self-esteem was observed after participants entered a relationship, which has been explored by several other researchers. Their results all showed an increase in young adults' self-esteem following the start of a relationship (Neyer & Asendorpf, 2001; Neyer & Lehnart, 2007; Wagner, Becker, Lüdtkke, & Trautwein, 2015) and, more generally,

across the life span (Luciano & Orth, 2017). However, this increase did not seem to endure, and Luciano and Orth (2017) specified that entering a relationship only had a positive long-lasting effect if the relationship was a serious one. In fact, their results even indicated that entering a short relationship had a negative effect on self-esteem. Accordingly, Luciano and Orth (2017) suggested that self-esteem is only enhanced by high quality and committed relationships. This finding aligns with Orth et al.'s (2015) results, who indicated that being in a relationship per se did not affect self-esteem's trajectory, although the quality of the romantic relationship did.

Getting married does not seem to affect one's self-esteem trajectory (Luciano & Orth, 2017; Neyer & Asendorpf, 2001). This result could indicate that it is rather the feeling of security and involvement in the relationship that is important. Marriage would only be a logical consequence of it, but relationship quality (which is linked to self-esteem) is usually already there before partners decide to get married.

Two researchers explored the effects of breaking up on self-esteem. Neyer and Asendorpf's (2001) results were not significant, while Luciano and Orth (2017) showed a transient effect. Accordingly, one year after breaking up, the negative deviation of self-esteem's trajectory had disappeared (even if it had been a long relationship). Noticeably, in Neyer and Asendorpf's (2001) study, four years had passed between the first and the second wave. This could explain the fact that they found no significant results, because part of their participants already may have had recovered from their break up.

2.5.3 Having children

Neyer and Asendorpf (2001) found no differences between parents' and non-parents' self-esteem. However, when focusing on the development of self-esteem during pregnancy and after childbirth, Van Scheppingen, Denissen, Chung, Tambs, and Bleidorn (2017) found normative changes for women. A decrease in women's self-esteem was observed during pregnancy, followed by an increase after childbirth, which continued during the first six months postpartum, but was followed by another gradual decline until the child was three years old. The pattern was the same for primi- and multiparous mothers. In another study, Bleidorn et al. (2016) focused on first-time parents and found that both mothers' and fathers' self-esteem decreased between the first and the third year after childbirth. However, in their study, an increase was reported during pregnancy.

The results of those two studies are inconsistent and thus, no conclusions can be driven from them. However, they do indicate that pregnancy and parenthood seem to affect the way individuals perceive themselves. Noticeably, the sample of Van Scheppingen et al. (2017) was collected in Norway, whereas Bleidorn et al. (2016) collected their sample in the Netherlands. Cultural differences may have affected the results. For instance, the support provided to parents might not be the same in each of these countries, leading to different effects on self-esteem.

In summary, section 2 showed that at five years of age, children appear to have acquired the cognitive capacities to report their self-esteem. It was also shown that self-esteem follows normative changes: it increases from adolescence to adulthood, reaches its peak around age 50 and then decreases in old age. Stable social characteristics were shown to affect self-esteem's trajectory, which is in accordance with Rosenberg's (1965) perspective, who considered that if the same person was raised in two different environments s/he would not end up with the same level of self-esteem. Accordingly, minority group affiliation appears to affect self-esteem's trajectory through different modalities according to the specific minority group considered and the person's country of residency. Furthermore, having a higher socioeconomic background and being a man appears to be linked with higher self-esteem, although gender had no effect on the self-esteem trajectory. Concerning particular personality traits, extraversion and sense of mastery seem to grow proportionally with self-esteem. Finally, data on important life events confirms that self-esteem is not static and supports the plasticity principle (Roberts, Wood, & Caspi, 2008). This principle was observed with the Big Five (e.g., Specht, Egloff, & Schmukle, 2011) and suggests that personal characteristics can be reshaped by environmental factors at any age. Indeed, the accumulation of negative experiences and important turnovers, such as entering a stable relationship, may affect the self-esteem trajectory. However, the results also highlighted that these events should be considered in context. For example, the effect of singleness was not the same according to participants' age. In order to understand what affects self-esteem changes, meticulous longitudinal studies must be performed. This field is complex, and one could miss interesting findings if moderators are not considered.

3 Self-Esteem and Well-Being

3.1 Introduction

In this section, I report findings linking self-esteem to physical and psychological health (3.2), achievements and maladaptive behaviors (3.3) and life satisfaction (3.4).

In order to fully grasp the link between self-esteem and these well-being features, two main hypotheses will be explored: the vulnerability model and the scar model (Zeigler-Hill, 2011). These models initially were developed for understanding psychological disorders, but are applicable to other variables. The vulnerability model suggests that low self-esteem represents a risk factor that contributes to thoughts and behaviors that promote and maintain the presence of psychological disorders and, more generally, of negative outcomes. In this model self-esteem represents a cause of maladjustment. Conversely, the scar model sees low self-esteem as a consequence. In this model, psychological disorders and negative experiences are believed to leave a mark, or scar, and to have a detrimental effect on one's resources, specifically by altering one's self-esteem. These two models are not mutually exclusive and they could function in a reciprocal manner, wherein low self-esteem could be part of the cause of health concerns and having health problems could also contribute to low self-esteem (Sowislo & Orth, 2013).

The aim of this section is to understand if self-esteem should be considered rather as a consequence, as an outcome or as having reciprocal links with each of the well-being features explored.

3.2 Physical and psychological health

When evaluating the general physical health, longitudinal research shows that low self-esteem has a negative effect on physical fitness during adolescence (Stinson et al., 2008; Trzesniewski et al., 2006), middle-aged adulthood (Mäkikangas, Kinnunen, & Feldt, 2004), old age (Reitzes & Mutran, 2006), and more generally, through the life span (Orth et al., 2012). These results could be related to the fact that individuals with low self-esteem seem to have more difficulties handling stress. Accordingly, they display higher cortisol response (Ford & Collins, 2010; Pruessner et al., 2005). They also have

higher heart rates and present more inflammatory responses to important stress than individuals with higher self-esteem (O'Donnell, Brydon, Wright, & Steptoe, 2008). Furthermore, participants with low self-esteem report lower sleep-quality (Kamysheva, Skouteris, Wertheim, Paxton, & Milgrom, 2008; Woods & Scott, 2016). Taken together, all of these aspects could lead to the deterioration of one's physical health. These results favor the vulnerability model and tend to implicate self-esteem as a predictor rather than an outcome. Orth et al. (2012) supported this assumption after testing for both possibilities. Accordingly, their results indicated that self-esteem had a small but significant prospective effect on general health, whereas reciprocal effects were not significant. However, in another study, Orth et al. (2015) did find that lower physical health negatively affected self-esteem's trajectory, therefore implying potential reciprocal effects. The differences between the two articles might also be a result of the methodologies used: cross-lagged models in Orth et al. (2012) vs. latent growth models in Orth et al. (2015). Noticeably, the former seems to be more adjusted than the latter for understanding causal relationships between constructs (Grimm, 2007).

Having low self-esteem is part of the diagnosis criterion of multiple psychological disorders. Based on empirical findings, the Diagnostic and Statistical Manual of mental disorders (DSM, American Psychiatric Association, 2013) contains a great number of references to self-esteem, which outlines the importance given to this personal characteristic.

Most of the research on self-esteem and psychological well-being has focused on depression and anxiety. In a meta-analysis based on 77 longitudinal studies –including participants throughout the lifespan– Sowislo and Orth (2013) demonstrated that individuals with low self-esteem are more likely to develop depressive symptoms. Their results were obtained using cross-lagged models and supported the vulnerability model: self-esteem had a larger effect on depression than the inverse. The authors also performed a meta-analysis of 18 longitudinal studies linking self-esteem and anxiety symptoms. Here, the cross-lagged effects indicated that vulnerability and scar models seemed to apply simultaneously, indicating that self-esteem affected anxiety, but that anxiety also affected self-esteem. Longitudinal studies were also performed for schizophrenia and psychosis. Using logistic regression, Krabbendam et al. (2002) showed that self-esteem predicted the emergence of psychotic symptoms three years

later. Moreover, with a population of patients with an established diagnosis for schizophrenia and schizoaffective disorder, Erickson and Lysaker (2012) showed that change in self-esteem predicted change in negative symptoms (e.g., depressive mood) and a tendency toward change in positive symptoms (e.g., hallucinations), supporting the vulnerability model. The results were obtained using hierarchical linear regression analysis. The scar model -wherein low self-esteem is a consequence of psychopathology- cannot be ruled out because it does not seem to have been tested.

Several researchers reported for associations between self-esteem and other psychological disorders such as anorexia (Gual et al., 2002), bulimia (Kugu, Akyuz, Dogan, Ersan, & Izgic, 2006) and borderline personality disorder (Bungert et al., 2015; Korn, La Rosée, Heekeren, & Roepke, 2016; Santangelo et al., 2017). However, due to the lack of longitudinal studies neither the vulnerability nor the scar model can be discarded.

3.3 Achievement vs. maladaptive behaviors

Multiple studies found associations between self-esteem and educational achievements, such as a deeper processing of coursework (Watkins & Hattie, 1990), a more adjusted persistence in academic goals (Di Paula & Campbell, 2002) and better grades at school (Trautwein, Lüdtke, Köller, & Baumert, 2006) and at university (Seabi, 2011). However, because none of them were based on longitudinal data, it is impossible to know if self-esteem affects those aspects or if it is affected by them.

More is known concerning work achievement. Authors of several longitudinal studies reported the prospective effects of self-esteem on job-related outcomes. Using regression analyses, Trzesniewski et al. (2006) showed that high self-esteem during adolescence predicted lower unemployment during adulthood. Through latent growth model analyses, Salmela-Aro and Nurmi (2007) found that high self-esteem during college years predicted participants' employment status 10 years later, as well as having a high salary and feeling satisfied and committed to one's job. It also decreased the chances of burnout. Similarly, through cross-lagged panel models, Orth et al. (2012) showed that self-esteem was prospectively related to job satisfaction, occupational status and salary, whereas the reciprocal effects were not significant. Self-esteem also appeared to have a small but significant effect on the trajectory of job satisfaction.

Furthermore, Kuster and Orth's (2013) cross-lagged analyses, performed in two independent samples, indicate that self-esteem prospectively predicted job satisfaction, job success, justice and support at the work place, work stressors and counter-productive work behaviors (such as instigated incivility). In this study the authors also tested for the effects of these variables on self-esteem; only job satisfaction had an effect. Finally, based on the results of latent growth models, Orth et al. (2015) reported that being unemployed and unsatisfied of one's job negatively deviated self-esteem from its expected trajectory. Taken together, these results indicate that having low self-esteem represents a vulnerability and that self-esteem should be considered a predictor of work achievement rather than an outcome; exceptions to this trend might be job satisfaction and unemployment, which also might affect self-esteem.

Regarding maladaptive behaviors, the regression analyses of Trzesniewski et al. (2006) indicated that adolescents with low self-esteem had higher chances of being arrested for violent acts (between 11 and 13 years of age) and for any crime at age 26. In a similar study using linear regression models, Boden, Fergusson, and Horwood (2008) showed that low self-esteem at age 15 is associated with higher rates of conduct disordered behaviors and antisocial behaviors in early adulthood. Furthermore, low self-esteem during adolescence appears to be related to higher rates of tobacco, alcohol, and illicit drug dependence at a young age and during adulthood (Boden et al., 2008; Trzesniewski et al., 2006). Regarding suicidal thoughts and attempts, Boden et al. (2008) showed that low self-esteem at age 15 was associated with more suicidal ideation at ages 18, 21 and 25. In line with this result, several cross-sectional studies showed that having a low self-esteem represents an important risk factor for suicidal attempts and suicidal ideation from adolescence throughout old age (Bagalkot et al., 2014; Creemers, Scholte, Engels, Prinstein, & Wiers, 2012; Dieserud, Røysamb, Ekeberg, & Kraft, 2001; Jang et al., 2014; Sharaf, Thompson, & Walsh, 2009). Once again, the results support the vulnerability model, although they don't invalidate the scar model.

3.4 Life Satisfaction

Substantial findings reported above indicated that high self-esteem individuals seem to have a rosier life. And, indeed, when evaluating life satisfaction, it appears to be the case. Accordingly, Diener and Diener (1995) showed that high self-esteem positively

correlated with college students' life satisfaction, no matter their cultural origin, and Furnham and Cheng (2000) found that self-esteem was highly associated with happiness in adolescence and young adulthood. Similar results were reported for adulthood (Heller, Watson, & Ilies, 2006) and old age (Borg et al., 2008). Only one longitudinal study was found. Based on the results of linear regression models, the authors indicated that self-esteem during adolescence is a strong predictor of life satisfaction during young adulthood (Boden et al., 2008). Thus, the vulnerability model was supported, while literature is still needed regarding the scar model.

In 2003, Baumeister and colleagues published an article reviewing the impact of self-esteem on several well-being features, and concluded that the importance of self-esteem had been inflated (Baumeister, Campbell, Krueger, & Vohs, 2003). However, these results have been outdated by the multiple longitudinal studies published since then. Having high self-esteem appears to be an advantage for a fulfilling life. Accordingly, all longitudinal studies in which the vulnerability model was tested produced significant results, indicating that having a low self-esteem has multiple negative consequences for an individual's life, while having a high self-esteem represents a major protective factor.

The results presented almost feel too impressive to be true, and nearly indicate that self-esteem is the "central psychological source from which all manner of positive outcomes spring » (Baumeister, Campbell, Krueger, & Vohs, 2005, p.1). However, things may be a little more complicated. Indeed, in some cases, reciprocal effects were also found. However, few authors of longitudinal studies have evaluated self-esteem as an outcome rather than a predictor. Thus, further research is needed to fully understand the dynamics existing between self-esteem and well-being. In particular, studies using cross-lagged panel models would be highly informative as they were shown to provide the most valuable results with regard to causal hypotheses between variables (Grimm, 2007).

The present section concerned individual aspects, which is not the initial topic of this dissertation. However, acknowledging this feature of self-esteem is important as it gives a more global vision of the construct and helps understand why self-esteem plays an important role for family relationships. Having a less stressful and more satisfying life can only represent an advantage toward being fully invested in one's parental couple

relationships. Conversely, the accumulation of hardships consumes a lot of energy, an energy which cannot be dedicated to other aspects of life, such as family relationships.

The purpose of the first three sections was to supply the reader with a comprehensive picture of the self-esteem construct and its features. Hereafter, the theoretical dimensions that represent the foundation on which the present project was built will allow the reader to enter more deeply into the subject of this dissertation.

4 Theoretical Dimensions

4.1 Introduction

The expansive interest for self-esteem has led to the development of multiple theories and models. I present four of them: Rosenberg's theory (4.2), the sociometer theory (4.3), the model of risk-regulation (4.4) and the self-organizing self-esteem model (4.5). These approaches were chosen based on their notoriety –and, thus, on the influence they have regarding the field of research on self-esteem – but also because they each carry a unique contribution to better understanding self-esteem in regard to couple and family relationships.

First, I focus on Rosenberg's theory (4.2), whose perspective is highly pertinent to comprehend, as he created the most used self-esteem questionnaire (MacDonald & Leary, 2011). His theory highlighted the importance of social context for building high self-esteem, and also explained why high self-esteem individuals embrace more satisfying relationships. However, it did not explain why individuals strive for high self-esteem, which is the main contribution of the second theory, i.e., the sociometer theory (4.3). The third approach, namely the risk regulation model (4.4), has the advantage of proposing a detailed understanding of the mechanisms leading high and low self-esteem individuals to adopt different social behaviors. Finally, the self-organizing self-esteem model (4.5) allows for a better understanding of the mechanisms that determine self-esteem's developmental trajectory. Therefore, it provides a theoretical explanation for the presence of normative changes.

4.2 Rosenberg's theory

Rosenberg's perspective is based on the self-enhancement theory (Baumeister, 1982; Jones, 1973) and considers that human beings have a universal need to protect and to improve a positive perception of themselves. He defined self-esteem as a "fundamental human motive" (Rosenberg et al., 1995, p. 145), referring to the desire of holding a rosy perception of oneself. Rosenberg believed that self-esteem is determined by four principles rooted in the social context: reflected appraisals, social comparisons, self-attribution, and psychological centrality (Rosenberg, 1979).

Reflected appraisals. This principle is based on three aspects. First individuals are deeply affected by the way people behave with them, and a clear rejection will lower their self-esteem. Second, individuals are also affected by the way they think others view them. Through this aspect Rosenberg's perspective dovetails with Cooley's (1902) perspective and highlights that perceived regard is even more influential than the real regard of others. Finally, individuals internalize the value system of the society in which they evolve. Consequently, even in the absence of any witness individuals can condemn their own behaviors based on these learned values. Accordingly, the principle of reflected appraisals implies that the perception of oneself is shaped by others. This process is necessary for social integration. Otherwise, if the discrepancy is too large, if the person has a much higher view of himself or herself compared to society's view of him or her, s/he will certainly endure several difficulties. A developmental example would be the discrepancy between an adolescent who tends to consider himself as an adult capable of making his own decisions, while his parents still see him as a child who needs a lot of guidance and protection. This perception discrepancy inevitably leads to multiple frictions in the relationship between the adolescent and his parents.

Social comparisons. Comparing oneself to others is one of the most intuitive ways to learn about who we are. The comparison can be made by two means: either by judging whether another person is better or worse than us in a specific domain, or by considering whether a person is like or different than us. The first type of comparison can be defined as a superiority/inferiority judgment, while the second refers to a conformity/deviance judgment. The verdict of the judgment will depend on the individual to whom we compare ourselves and will affect our self-esteem. Accordingly, with the same outcome (e.g., identical school grades) a child can develop a high self-esteem in a certain environment, because s/he is doing better than others and a low self-esteem in another environment because s/he is doing worse than others. In general, people compare themselves to close others (e.g., family members or schoolmates), but they can also compare themselves to an ideal standard or to their previous performances. The impact on self-esteem will also depend on the importance that the person grants to the domain of comparison.

Self-attribution. People learn about themselves through experiments, by observing themselves and their outcomes. After achieving several successes in a domain,

they might consider that they are good at it, and view themselves as possessing certain abilities needed in that domain. While trying to find causes to what they observe, individuals can make two types of attributions, internal (i.e., “My success is due to my inner characteristics”) or external (i.e., “My success is due to the environment, or to chance”). The tendency to adopt one type of attribution over the other affects one’s self-esteem.

Psychological centrality. People differ on the aspects and domains that they consider as central. Only domains valued by the individual will affect his or her self-esteem. Accordingly, being a poor origami designer will only affect the self-esteem of individuals for whom making origami is important. This also means that there are a lot of possibilities/schemas for developing a high self-esteem, depending on what one chooses to focus on. The group of values and domains that are meaningful to the person arise during childhood and are influenced by what the child learns to be worthy through his/her interactions with others important to him or her.

In summary, Rosenberg’s approach suggests that developing high self-esteem is based on the feeling of being “good enough”, which emerges from (1) the feedback people receive from others important to them as being worthy and lovable (reflected appraisals), (2) the observations that individuals make and how they situate themselves in their social context (social comparison), (3) the feeling of being well-adjusted to a set of central self-values (psychological centrality) and (4) the attribution of this adjustment to one’s inner characteristics (self-attribution). Rosenberg granted a considerable role to relationships in the construction of self-esteem. Accordingly, reflected appraisal and social comparison are indubitably social, as they directly include others. Self-attribution and psychological centrality are also highly influenced by social factors (Rosenberg, 1979). Indeed, individuals make their self-attributions based on the standards and references learned in cultural context. Similarly, psychological centrality is affected by society’s value-system and by the behaviors and reflections that are encouraged, punished, or ignored by it. These four principles represent the rationale behind Rosenberg’s belief that if the same person was raised in a different environment s/he would become a different adult with a different perception of his or herself (Rosenberg, 1965).

In his writings, Rosenberg posited a theory on how self-esteem is affected by relationships, and he also enriched the understanding of the effect of self-esteem on relationships. Rosenberg (1965) suggested that the importance of self-esteem stems from the fact that thinking well of oneself predisposes one for positive experiences and behaviors. Individuals with high self-esteem have an accurate perception of themselves, know who they are, what they are good at, and what they should improve. Rosenberg (1965) insisted that it is not that they feel better than others, but they simply do not feel worse. Furthermore, they feel competent enough to engage in demanding tasks and to try to achieve their goals. Conversely, individuals with low self-esteem lack self-respect and tend to be overly critical toward themselves. As a consequence, they are inclined to be more passive, and they might not even try to pursue their goals. They are much more affected by others' regard, and they expect it to be negative, which makes them highly sensitive to criticism and can lead them to adopt a facade in order to be accepted by others. It is harder for them to engage in fulfilling interactions because they don't believe they have the required qualities. Adopting a social mask, although implemented to facilitate exchanges, often entails experiencing drawbacks. It impedes the development of intimacy and creates anxiety due to the fear of others discovering the truth.

4.3 The sociometer theory

Leary (2005) posited that the literature lacked a solid explanation regarding the reasons why people strive for high self-esteem. It seems clear that having a positive opinion of one's self is more agreeable than having a negative opinion. However, this does not explain why having high self-esteem induces pleasant feelings. The sociometer theory was developed as a proposition to fill this gap by addressing the nature and function of self-esteem.

Leary and colleagues' view concerning the definition of high/low self-esteem is very similar to Rosenberg's. They also consider it as the global attitude toward one's self, and they insist on the importance of its affective part: "People do not simply think favorable or unfavorable self-relevant thoughts; they *feel* good or bad about themselves" (Leary, Tambor, Terdal, & Downs, 1995, p. 519).

According to sociometer theory, living in cooperative groups is so important for survival and reproduction that a system monitoring and responding to potential social rejection was developed across evolution (Leary, 2005).

This system is operationalized through self-esteem, which serves as a gauge, indicating the individual's perceived relational value (Leary, 2001). When the individual experiences rejection it lowers state self-esteem, which is associated with a sense of threatened safety. Because this is an aversive stimulus, it motivates the individual to modify his or her behaviors in order to regain acceptance and, thus, the pleasant feeling of high state self-esteem.

The sociometer system (and thus state self-esteem) has two functions: (1) it detects and alerts the individual to negative changes in social inclusion and (2) it motivates the individual's use of behaviors to restore his or her social status or to prevent further rejection. This perspective implies that individuals do not seek high self-esteem *per se* (Leary & Baumeister, 2000). The individual's major goal is the maintenance of relational value, and state self-esteem only serves as an indicator.

Leary (2005) explained that rejection does not necessarily affect self-esteem; it only does when the rejection is interpreted as occurring because of one's own characteristics or behaviors. For example, Mary's state self-esteem should not drop if she thinks that Josh declined her invitation to come over because he already has other engagements. However, if Josh explained that he simply does not see the value of spending time with Mary, this will certainly affect her state self-esteem.

Leary (2005) also suggested that people's reaction in situations of threatened relational value is divided in two stages. First, an automatic response releases negative affect and leads to a second response, which is time conscious and based on the evaluation of the situation. Noticeably, the self-esteem indicator seems to function like physical pain. We feel pain when we are hurt, not when everything is fine (MacDonald, 2007). Similarly, the shifts in state self-esteem seem to be stronger following rejection than acceptance.

Leary (2005) also indicated that the effects of acceptance/rejection on state self-esteem are not linear. State self-esteem will only change as long as rejection or acceptance is associated with an impact on social outcomes. According to this theory, state self-esteem only drops until a certain threshold. After a marked level of rejection,

further negative feedback no longer undermines self-esteem, because the person is already perceived as an outsider and things cannot get worse. Similarly, once relational value is relatively high, further acceptance has little effect on state self-esteem because the social value of the person is already established. Conversely, it makes important differences if the person passes from being viewed neutrally to being viewed positively or negatively; thus, at these levels, the effects on state self-esteem are stronger.

The sociometer theory also posits that people develop a baseline based on previous experiences, representing their general feeling of acceptability; this baseline is trait self-esteem (MacDonald & Leary, 2011).

Recalling the metaphor of the gauge, trait self-esteem would represent the resting point of the sociometer: It is the feeling of relational value in the absence of new interpersonal feedback. Individuals with high self-esteem are assumed to have been raised in responsive environments where they repeatedly experienced acceptance from others. Consequently, they were able to develop a sense of belongingness, and social interactions are not a source of anxiety for them because they expect to be appreciated by others (MacDonald, 2007).

Conversely, individuals with low self-esteem are assumed to have grown up in less favorable environments and to have faced more dismissive experiences. The perceived regard of others is highly important to them, because they feel insecure about their ability to adapt in a social environment. Their feeling of self-value is already scarce; therefore, they cannot afford to lose more of it. Accordingly, they develop defense mechanisms in order to avoid the exclusion that they tend to anticipate. For example, their threshold for detecting rejection (and their reactivity to it) is expected to be much sharper than individuals with high self-esteem.

Trait self-esteem affects the quality of relationships because it is linked to beliefs and thus, to social behaviors. Individuals with high self-esteem are confident in their social integration, which allows them to behave spontaneously and even to take risks in order to satisfy their social needs, whereas individuals with low self-esteem are much more cautious and feel that they are constantly on the edge of a slippery slope (MacDonald & Leary, 2011).

4.4 The model of risk regulation

Sociometer theory contributed significantly to the understanding of the function of self-esteem. However, the mechanisms leading individuals with high or low self-esteem to adopt different behaviors were less explored. This aspect is the main addition of the risk regulation model.

Contrary to the theories presented above, the risk regulation model was not developed to understand self-esteem. Instead, the authors' objective was to understand people's behaviors in romantic relationships, and self-esteem was considered to have a central role (Murray, Holmes, & Collins, 2006). Murray and colleagues posited that humans are torn between satisfying their goal of connectedness (which is greatly implicated in one's well-being) and their goal of self-protection (which helps in avoiding the pain of rejection). However, these goals are opposed to one another and cannot be attained simultaneously. Establishing fulfilling relationships requires putting aside one's protective goals. Having high-quality relationships implies using behaviors (such as self-disclosing), which increases the threat of short-term rejection (because the partner may not be supportive) and intensifies the hurt felt if the relationship ends. Murray et al. (2006) suggested that feeling accepted and loved by one's partner controls a cognitive, affective and behavioral system implemented to resolve the conflict between connectedness goals and self-protective goals. This system is called the risk regulation system.

Romantic relationships put partners in vulnerable situations because the person one loves has an active role in his or her happiness. Thus, partners are dependent on each other and need an intrinsic system to find the adequate spot where they can feel safe, considering the risks that are inherent to a relationship; this is the role of the risk regulation system.

Partners have different preferences and needs. Consequently, conflicts of interest will inevitably arise in a relationship over daily disagreements (e.g., "I want to watch a funny movie, and my partner wants to watch a horror movie") or over more crucial decisions (e.g., having children or not). These types of situations are called dependency situations, and partners must deal with them through compromise or sacrifice. Even disagreements concerning superficial subjects can be critical for the couple because they may activate the threat of rejection. Indeed, they may question the level of their

partner's responsiveness to their own needs. For example, if I explain to my partner that I had a bad day and really need something to let off steam after work, my well-being becomes dependent on his/her actions; a refusal to watch the funny movie could be perceived as an uncaring attitude on his or her part, which might activate a more threatening rejection on mine, such as the loss of the relationship itself.

Noticeably, not all situations are dependency situations (i.e., considered "at-risk"). A situation will only trigger the risk regulation system if the individual sees a potential rejection in it and, thus, the need to be reassured. These situations differ from one couple to another. One couple might find it particularly hard to overcome conflicts without feeling rejected. For another couple, conflicts might not be a problem, while asking for support might be more complicated. In high quality relationships, when partners' feel globally secure about each other's love, fewer situations are considered at-risk. It is at this level that trait self-esteem intervenes. As sociometer theory suggests, individuals with high self-esteem are generally secure and do not need constant reaffirmation of their partner's love. Consequently, their risk regulation system is less frequently activated. Furthermore, once activated, the risk regulation model will not operate in the same manner for individuals with high and low self-esteem. For more clarity, I will now move to the description of the model.

According to Murray et al. (2006), people have a global perception of their partner's regard based on what they have lived through together. This perception relies mainly on the partner's characteristics, the self, and the dyad, which are thought to enhance or reduce the partner's love. Noticeably, the individual's beliefs about those aspects are largely implicit. The person's level of self-esteem also affects this perception. Individuals with high self-esteem are prone to feel and to expect acceptance from others, while individuals with low self-esteem tend to doubt their partner's love. The more the perceived regard of the partner is considered positive, the less situations are considered at-risk and will activate the risk regulation system.

Once the system activated, Murray and colleagues suggested that the priority for individuals with high or low self-esteem differs, implying different reactions : Low-self-esteem individuals' goal priority is self-protection, while high-self-esteem individuals' goal priority is relationship promotion. Because individuals with low self-esteem are already in an unsound position, with a precarious sense of worth, their risk regulation

system is tuned into avoiding further rejection and hurt. Individuals with high self-esteem have a more substantial rear base, and protecting their feeling of confidence in their partner is what matters most. The risk regulation model is based on three processes for evaluating the risk of rejection and, therefore, the safety of engaging in relationship-oriented goals: An appraisal rule system, a signaling rule system, and a dependence regulation rule system.

The appraisal process is cognitive; its role is to form a judgment on the situation. Individuals with low self-esteem must have strong reasons to think that their partner will be responsive to their needs before risking connection. Therefore, they will question acceptance, with a bias towards signs of rejection. Individuals with high self-esteem have the opposite bias: They do not perceive rejection easily, and even if they do, they tend to refute it (e.g., by considering that the partner is acting this way because of a bad day at work and not because his/her love has faded).

The signaling process is affective; its role is to internalize the experience of rejection or acceptance occurring in the present situation. According to sociometer theory, this internalization happens through state self-esteem. Feeling accepted enhances state self-esteem, which, in turn, encourages the person to connect with the partner. Conversely, rejection leads to drops in state self-esteem -an aversive signal-motivating the individual to modify his or her behaviors. Noticeably, when facing the same level of rejection, the hurt felt by individuals with low self-esteem is inflated compared to that of high self-esteem individuals because their system is calibrated to be more sensitive to both cognitive and affective cues.

The dependence regulation process refers to the behavioral response and represents one's willingness to risk further dependence or not. It is activated either by the cognitive or the affective systems and ensures that the individual only engages in future dependence to the level that feels safe. In a large number of situations, individuals with low self-esteem will conclude that the risks are too great to connect with the partner and will prefer to adopt self-protective goals. Accordingly, they will try to reduce their dependence on the partner (by seeking support from other people or by devaluating the partner or the relationship itself). Conversely, individuals with high self-esteem will typically conclude that enhancing the level of dependence on their partner is the best way of avoiding hurt, and will adopt relationship-oriented goals more often.

Two years later Murray suggested a slight change to the model (Murray, Derrick, Leder, & Holmes, 2008) represented in Figure 1. The authors suggested that dependency situations (i.e., situations wherein achieving one's desires and needs are constrained by one's partner's behaviors, thus representing a risk of rejection) automatically activate two competitive goals: connectedness (or relationship oriented) goals and self-protective goals. When feeling vulnerable, after being hurt, for example, people automatically seek support and consolation. The problem is that the partner from whom comfort is sought might not be responsive, therefore adding to one's suffering. This is why people must carefully choose between their desire to connect and their need to self-protect.

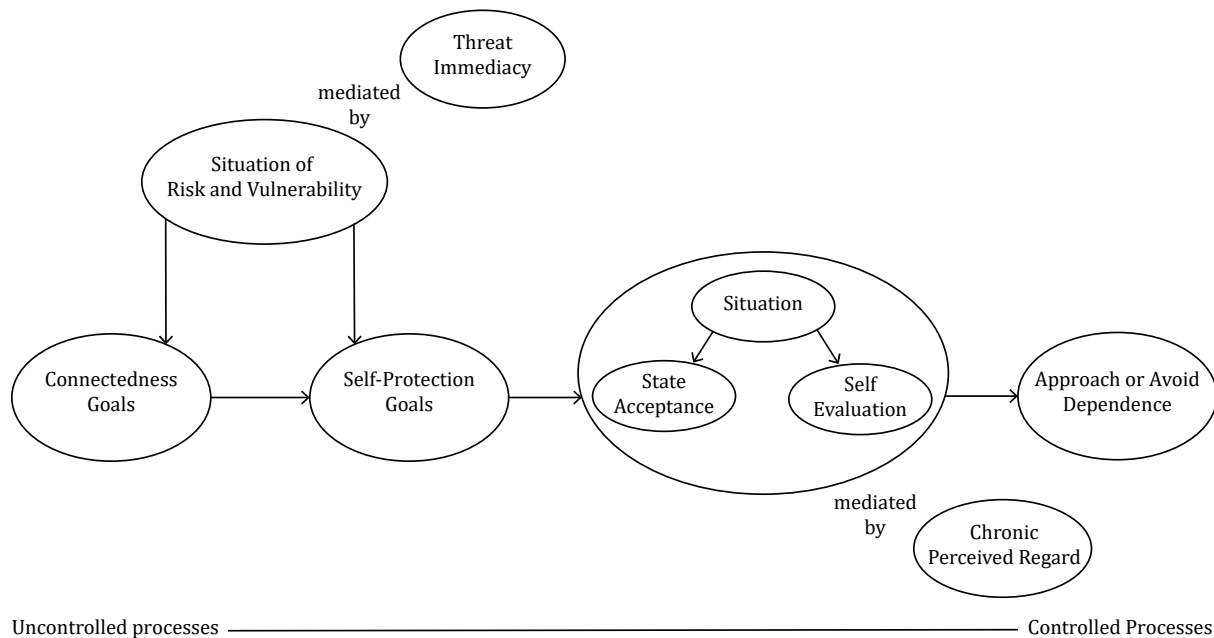


Figure 1. The risk regulation model (Murray et al., 2008).

The intensity of the opposition between connectedness and self-protective goals is moderated by the immediacy of the risk. For instance, when James comes back home after having been bitterly criticized by his boss, he will probably want to be comforted by his wife Ella. This connectedness goal will also activate self-protective goals, as Ella might act in a rejecting way, for example by favoring his boss's perspective. However, in the present case, the initial rejection arose in a context external to the relationship; thus, the competition between the two goals will be less sharp compared to a more immediate risk situation, such as Ella having been the one to criticize James. In the latter case,

James would be in an ambivalent situation, as the person from whom he may want to seek consolation the most would also be the person who hurt him in the first place.

The conflict between relationship-oriented and self-protective goals triggers a corrective system: the risk regulation system (described above), which is dynamic but also based on previous situations and on one's general feeling of acceptance. The risk regulation system allows one to decide if connecting to the partner will be more gratifying in the present situation, or if avoiding a rejection is safer. If Ella despises James' boss, he knows that he can safely ask for her support. Conversely, if Ella usually stands against him, it might be a better choice not to talk about his day at work.

In summary, the strong trust individuals with high self-esteem place in their partner's love and acceptance leads them to prioritize connection goals. Their risk regulation system is calibrated to perceive acceptance, and is less receptive to rejection both on cognitive and emotional levels. Therefore, they focus on maintaining the enjoyable feeling of continued safety in the relationship. Dependence situations are, in essence, riskier for individuals with low self-esteem who feel vulnerable according to the positivity of their partner's regard. Consequently, their risk regulation system is monitored to prioritize self-protection; it is highly sensitive and reactive to rejection, which allows them to assure minimal safety from harm.

4.5 The self-organizing self-esteem model

A final model seems important to cite, because it theorizes the development of self-esteem across time and proposes an explanation of how changes may occur. The self-organizing self-esteem (SOSE model; De Ruiter, Van Geert, & Kunnen, 2017) is based on the complex dynamic systems perspective (Van Geert, 1994, 2008).

The SOSE model suggests that experiences related to the self, such as one's thoughts, feelings and behaviors, interact, permitting the rise of a higher-order sense of the self, called self-esteem. The authors believe that this process is continuous and leads to a progressive self-organization based on three levels: The micro level, which refers to instant self-experiences (e.g., one thought or one action), and is affected by and affects the context; the meso level, which refers to state self-esteem; and the macro level, which refers to trait self-esteem. The three levels continuously interact in reciprocal ways. Accordingly, change at one level is explained by the previous state of that level and by

change at the other levels and/or in the context. This means that there are simultaneously horizontal influences (e.g., my current state self-esteem is a function of my previous state self-esteem and will affect the future ones) and vertical influences (e.g., my current state self-esteem is influenced by the context, by my instant self-experiences and by my trait self-esteem).

This model is therefore slightly different from the traditional approach of trait and state self-esteem, which adopts a top-down perspective: traditionally, trait self-esteem, represents the “real” and stable level of self-esteem that will affect the individual’s behaviors and thoughts (Rosenberg, 1965). State self-esteem, on the other hand, refers to more volatile experiences due to the context and having no long-term consequences. The limit of the traditional approach is that it does not provide an explanation to how and why the normative changes of trait self-esteem may occur.

In the SOSE model, a much more meaningful role is given to state self-esteem (as well as to other lower order levels). First, the model is based on the assumption that both top-down and bottom-up processes arise, implying that state and trait self-esteem both influence each other. Second, state self-esteem is not considered as a random effect of the environment but is embedded in an iterative system, meaning that previous, present, and future state self-esteem are linked. Finally, the SOSE model posits that change on the long-term –and therefore change in trait self-esteem (macro-level)– requires the experiencing of variance in lower order components and thus undergoing novel self-experiences (micro-level) and novel state self-esteem (meso-level). Accordingly, the SOSE model allows a better understanding of change in trait self-esteem by offering a better integration of the interactions linking the environment, the micro-, the meso- and the macro-level.

The understanding of change in the SOSE model relies on two mechanisms: negative and positive loops. These mechanisms are ruled by an assumption: change requires energy.

Negative loops refer to the top down effects: to the effects of trait self-esteem on the meso- and micro-levels. They represent the constraining forces responsible for stability. Trait self-esteem (whether of positive or of negative valence) is considered as a system of patterns made of habits and tendencies regarding self-experiences. These patterns are attractive because habits are less energy consuming than the adoption of

new mind-sets. Accordingly, trait self-esteem allows for a certain stability and predictability to emerge because it constrains the variability of state self-esteem and self-experiences. For more clarity let us take the example of David who has low self-esteem. This low self-esteem drives him to see things through a certain lens that will confirm his view of life. When David receives a positive feedback on his work (micro-level), his low self-esteem might draw him to interpret this feedback as a consequence of his boss's good mood and not of his performance, therefore blocking the enhancement of state self-esteem (meso-level) and maintaining his habitual, negative perception of himself. Similarly, if Sarah has strong positive trait self-esteem, the constraining forces of her negative loops will allow her to stay positive even in the presence of small amounts of negativity. This is how the negative loops maintain a certain stability.

Positive loops, on the other hand, refer to the bottom-up effects: to the effects of the environment and the self-experiences on the meso- and the macro-level. They represent the changing forces. A smile from David's boss during a presentation may allow the adoption of a more assertive voice and lead to a better attention of his colleagues. All of which will constitute a coherent system allowing David's feeling of being good at presenting. It will therefore create a state self-esteem of positive valence in spite of the constraints due his low trait self-esteem. As these positive experiences repeat, it will slowly modify David's trait self-esteem.

Real time flexibility as well as long-term development is made possible by the balance between the negative and the positive loops. Thus, it is the balance between those two mechanisms that guarantees a certain coherency, while preventing the rigidity of the system.

For positive loops to emerge, sufficient energy must be pulled in order to counter the effects of the negative loops. Energy can be understood as the modification of what one is used to. It can be initiated either by an extensive new influence or by the addition of multiple new influences, considered as a perturbation: "A perturbation is a temporary input of energy that drives the system toward an alternative state, thereby affecting the stability of a system" (De Ruiter et al., 2017, p. 56). Accordingly, change in self-esteem seems to be more active during transition periods such as discovering a new school, starting a new job or a new leisure activity, and more generally during life transitions because those periods are characterized by a lot of perturbations.

The authors suggested that adolescence and late adulthood represent two major life stages, because they imply such a high level of perturbation that it exceeds the constraining forces of trait self-esteem and leads to change. During adolescence, this perturbation mainly refers to the maturational transformation, the modification of role and the evolution of romantic and peer relationships. In late adulthood, it refers to the empty nest phenomenon, to retirement and to the death of the older generation and of loved ones. Accordingly, state self-esteem is expected to be rather stable when the individual is in a period of routine, and to show modifications when the individual experiences a lot of changes.

Another aspect that characterizes the SOSE model is that trait self-esteem is believed to be multistable. Conversely to the traditional approach that considers trait self-esteem as having a single general baseline, the SOSE model suggests that an individual has multiple trait self-esteem baselines. For example, David might be self-confident when it comes to his cooking capacities and at the same time have a negative perspective of himself as an employee. Noticeably, these different baselines might not only concern different domains but also be triggered by different contexts or different cues. For example, feeling angry could be associated with low self-esteem, no matter the situation in which it happens.

To illustrate their perspective, the authors of the SOSE model conceptualize trait self-esteem as a landscape made of multiple valleys and state self-esteem as a ball rolling from a valley to another, modifying the landscape through its movements (see Figure 2).

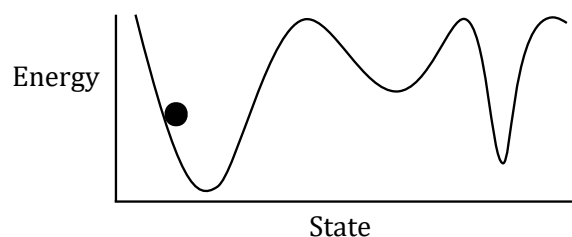


Figure 2. The ball's trajectory indicates real-time state self-esteem movements, which are constrained by the landscape's valleys and hills. They represent distinct aspects of trait self-esteem.

Each valley represents a different trait self-esteem baseline. It is called an attractive state as it will attract the state self-esteem ball and constrain its movement.

The valleys are characterized by their width and depth. The width of a valley symbolizes the number of cues that activate this valley. The wider it is, the greater the situations in which the ball will fall into this valley. The depth of the valley represents the strength of the negative loops that are linked to it. Thus, the deeper the valley, the more energy will be needed for the ball to pass into another valley. The authors highlight that trait self-esteem should not be inferred from the sum or from the mean of the different valleys, but that trait self-esteem is characterized by the system itself.

Let us go back to the David's example. For simplification I suggest considering that the trait self-esteem landscape of David is only made of two valleys: one representing high self-esteem, and one representing low self-esteem. David has low self-esteem for almost everything, but he is confident in his cooking abilities and in the love of his dog. His passion for cooking goes back to his childhood, and his dog is now seven years old. Accordingly, the valley representing high self-esteem is not very wide (as only two types of situations fall in it). However, it is deep (as these are long-term habits that have been strongly imbedded in David's life). On the other hand, the valley representing David's low self-esteem is wide (as most situations fall in it) and probably deep too (as he may have gone through multiple deceiving experiences reinforcing his negative perceptions). When David is at work the ball representing state self-esteem will be located in the negative trait self-esteem valley. However, if David starts experiencing positive state self-esteem in his job, this will create a new valley: the ball will roll somewhere else. At the start, this valley will not be wide, as it will concern only one aspect of David's life. Similarly, it will not be deep because the constraints linked to it will not be strong, meaning that David could still easily go back to his old habits (his negative self-esteem regarding work). Noticeably, the simple creation of this valley will affect David's trait self-esteem landscape: his negative trait self-esteem valley will shrink a little and become a little shallower. At first, a lot of energy will be necessary to create the new valley, and to overcome the constraints of David's strong negative loops. However, each time the ball will roll to this new positive valley, landscape modifications will occur therefore facilitating future crossing. Furthermore, if David comes to see himself as a reliable employee, it might change his behaviors as a romantic partner. For example, feeling more relaxed in his job could make him more responsive to his partner's needs, which, in turn, might enhance the quality of their romantic relationship

and David's perception of himself as a caring partner. Accordingly, his new positive valley might become a little wider and start to concern David's perception in his romantic life as well. As time passes by, David's old negative valley might slowly disappear.

Thus, launching into change can be visualized as the creation of a new valley in which the individual will pass more and more often. Accordingly, his or her original valley will still be present but its landscape contours will become less and less sharp as the other valley increases in importance. Periods of transition are expected to be characterized by a less stable state self-esteem, because the different attractors are lower in strength, allowing for higher variability. This variability offers the possibility of experimenting with new behaviors and a new self, therefore introducing the micro-level components and activating the bottom-up processes, and thus allowing long-term changes on trait self-esteem.

In summary, the central assumption of the SOSE model is that the context, as well as the micro-, meso- and macro-levels have reciprocal influences through negative and positive loops. Negative loops are inhibitory cycles commanded by the trait self-esteem constraining forces. They inhibit change and promote staying in the same state, even in the presence of perturbations (either positive or negative ones). Conversely, positive loops stimulate change and lead to new levels of state self-esteem, which will modify the trait self-esteem landscape. It is the balance between the two types of loops that allow for a certain stability and coherence, without falling into rigidity. Another central aspect of the SOSE model is that it describes trait self-esteem as a landscape with a diversified topography (instead of a single baseline). Thereby highlighting the multistability of self-esteem and the complexity of one's self-experiences. Taken together, these assumptions allow the SOSE model to explain how change occurs and how stability is maintained. Accordingly, the SOSE model clarifies the presence a rank-order stability associated to normative changes.

In conclusion, the four models described above indicate that the self-esteem construct is built upon social experiences (Rosenberg, 1965) and is particularly affected by feeling accepted or rejected (Leary & Tangney, 2011). The function of self-esteem is to orientate individuals towards behaviors that promote the development and the maintenance of social relationships. When facing rejection, state self-esteem decreases,

creating an unpleasant feeling that encourages the individual to modify his or her behaviors. Accordingly, self-esteem represents an indicator of social acceptance (Leary & Tangney, 2011). Self-esteem also has more stable components (trait self-esteem), which in turn impacts interactions with others. Murray et al. (2006) considered that everyone faces a dilemma between fear of rejection and need for belonging; the resolution of this dilemma is highly dependent on one's self-esteem. Individuals with high self-esteem prioritize connectedness goals, while individuals with low self-esteem prioritize self-protective goals. Lastly, the self-organizing self-esteem model posits that there is a dynamic interaction between state self-esteem and trait self-esteem, which explains the fact that some stability is possible without implying that the construct is static. Accordingly, important life events generate energy, which allows for the discovery of new state self-esteem experiences and overcoming the constraints established by trait self-esteem.

I have now completed the chapter on self-esteem. It was shown that although self-esteem represents an individual stable characteristic it is strongly embedded in social relationships. Accordingly, developing high self-esteem appears to be greatly affected by ones' experiences of acceptance. Moreover, the different theories developed in this section seem to indicate that in turn self-esteem will affect one's social behaviors. In the next chapter, I will explore parental couple relationships.

B. The Parental Couple, a subsystem with multiple relationships

Forming a lifelong committed relationship and having children represents an aspiration shared universally, and although the percentage of marriages has shrunk across time, it still appears to be attractive, as by age 50 a large majority of people are married or cohabit in a “marriage like “ relationship (Halford & Snyder, 2012). The parental couple represents the central family unit and is characterized by the fact that the partners are simultaneously engaged in two relationships that will both be described in this chapter. I will start by the romantic relationship (1), followed by the coparental one (2). My aim is to supply the reader with a clear understanding of each relationship and its importance for family members. I will end this chapter with a section clarifying the links between the romantic and coparental relationships (3).

1 The Romantic Relationship

1.1 Introduction

In this section I first define the romantic relationship and review its quality standards; I also report for the theoretical reasons which may explain that some couples are happier than others, by presenting the sound relationship house theory and the vulnerability stress adaptation model (1.2). Then I describe the development of the romantic relationship across life (1.3). Finally, I outline the significant role of self-esteem for the well-being of both parents and children (1.4).

1.2 Defining the romantic relationship and its quality

The romantic relationship is a particular bond between two individuals who interact and influence each other. It is characterized by the partners’ capacity to find a common ground regarding multiple aspects among which sex, affection but also housekeeping and financial issues (Schoppe-Sullivan, Mangelsdorf, Frosch, & McHale, 2004). The romantic relationship is dyadic, it only includes the partners and represents the axis around which the subsequent family relationships will develop (Satir, 1967). As such, the partners are considered as the family’s “architects”. S. Minuchin (1974), who

developed the structural family theory highlights the importance of protecting the boundaries of the romantic couple, which he conceives as a safe place dedicated to both partners: a “psychosocial territory of their own – a haven in which they can give each other emotional support” (p. 57). Unfortunately, this ideal vision is not always achieved as a large number of marriages end up in divorces, with potentially harmful effects (Amato, 2000).

The increasing number of marriage dissolution observed since the end of the 19th century (Kennedy & Ruggles, 2014) has led to substantial research on the romantic relationship. One of the most outstanding figures of the field is John Gottman, who devoted more than 40 years to the observation and analysis of couples (Gottman & Gottman, 2017). This long-lasting effort allowed a fine understanding of marriage stability and happiness, with models predicting divorce with an accuracy rate above 90%. Furthermore, it led to three major findings as well as the development of the sound relationship house theory (SRH), which displays a comprehensive understanding of the romantic quality.

First, the results indicate that conversely to what was once thought, a high quality romantic relationship is not defined by the absence of quarrels or disagreements. What seems to be central is in fact the ratio between positive and negative affect (Gottman, 1993), which should be of 5 for 1 to ensure high relationship quality.

Second, negative affects appear to be differentially damaging for the relationship. Gottman and Silver (2016) labeled the most damaging ones as “the Four Horsemen of the Apocalypse”. They include criticism, defensiveness, contempt and stonewalling. Gottman’s research indicates that in fulfilling relationships, partners not only enter less frequently negative states but are also more capable of getting out of them. Conversely, partners in distressed relationships tend to get stuck in a negative spiral, possibly escalating to the Four Horsemen.

Thirdly, it seems that while negative affect is particularly predictive of divorce during the early years of marriage, the absence of positive affect is a better predictor of divorce in more mature marriages (Gottman & Levenson, 2000; Gottman & Levenson, 2002).

Through their multiple observations, Gottman and colleagues also noticed the presence of similarities between couples displaying high romantic quality. These

similarities were classified in the SRH theory (Figure 3), which suggests that high romantic quality is characterized by the mastering of seven principles (Gottman, 2014). All high romantic quality couples appeared to act upon those principles.

The first principle is the development of “love maps” (1). These love maps are a metaphor for the knowledge accumulated about the loved ones. They represent what people know about their partner: What are the life goals of the partner? What food does s/he prefers? What are the stresses s/he is facing at the moment? Etc. The elaboration of a love map implies asking questions to one’s partner and remembering his or her answers, which is a way of showing interest.

The second principle is to express one’s fondness and admiration to one’s partner, verbally or non-verbally (2). It is a habit of mind wherein partners focus on sharing positivity (e.g., I enjoyed our conversation yesterday) instead of mistakes or what could be changed.

The third principle relates to responsiveness (3). People build an “emotional bank account”, based on the number of times their partner was responsive when they made an attempt of connection. If the partner usually answers in a responsive way (even if minimal) instead of turning away or against the person, the bank account is well-capitalized, which allows them to face difficult moments with serenity. For example, it will buffer the negative effect of the partner’s irritability. Those three principles are the basis of the relationship and revolves around the friendship between the partners. Indeed, happy partners are also close friends, who respect each other, enjoy spending time together and have an accurate knowledge of each other. Those three principles affect romance, passion and sex as well as the way partners’ deal with conflicts. They enable a feeling of security in the relationship, which in turns allows forgivingness and repair.

The fourth principle of the theory represents the outcome of the three previous ones. It suggests that high quality couples have a positive perspective on the relationship and that this positivity allows overriding negative moments (4). For example, when the general climate between Arthur and Jane is positive, Arthur might consider a lack of responsiveness from Jane as a consequence of stress instead of taking it personally. Conversely, when the friendship principles do not work well, while facing a

disagreement Arthur and Jane will tend to see each other as enemies and not as “a friend in a bad mood”, leading to potential escalation and bitterness.

The fifth principle posits that the positivity of the relationship is affected by the way partners manage their conflicts (5). A constructive conflict management is one in which the speaker adopts a self-disclosure mode and not an attack-defend mode. Furthermore, when adopting a constructive conflict management, partners are able to express their feelings, take responsibilities, apologize and make constructive plans. Accordingly, they are capable of reprocessing past emotional injuries. They also accept their differences and are able to have peaceful exchanges. Therefore, even if a resolution is not reached, dialogue is present.

The sixth principle concerns personal growth. Indeed, having a relationship that supports one’s dreams and helps fulfill one’s desire is another aspect characterizing high quality relationships (6).

The last principle involves the creation of shared meaning (7). A high quality relationship is one in which partners develop a similar understanding of what makes sense/purpose to their life on earth (e.g., loving their children). All of these seven principles are supported by trust and commitment, which are always necessary. As the authors suggest, they represent the weight-bearing walls of the relationship.



Figure 3. The Sound Relationship House Theory (Gottman & Gottman, 2017). Copyright © 1999-2018 John Wiley & Sons, Inc. All rights reserved.

However, it should be reminded that the partners do not live in a bubble of their own, and are constantly affected by their environment and the experiences they go through. Accordingly, the partners' capacity to develop and maintain the principles edicted by the SRH is affected by several internal and external aspects.

The Vulnerability Stress Adaptation model (VSA), developed by (Karney & Bradbury, 1995) offers a theoretical explanation to the reasons why adopting the SRH principles may be more complicated for some couples compared to others. It also gives an explanation to the development of the romantic quality across time.

The VSA model apprehends the relationship dynamic as the result of the interaction between several subsystems involving the individual level, the dyadic level and the contextual level. It suggests that partners enter a relationship with some stable characteristics that represent vulnerabilities for the positive development of the relationship (individual level). These vulnerabilities refer to both personality characteristics (such as having a hot-blooded temper) and personal experiences (such as having been cheated on in previous relationships). Some individuals carry more vulnerabilities than others. However, on their own, these vulnerabilities might not erode the relationship. It is their combination with the stressors that the couple will encounter (contextual level), as well as the partners' capacities to cope with these stressors (dyadic level) that is considered to predict how the couple will evolve across time. Accordingly, the VSA model has the advantage of adopting a systemic perspective, by considering the different levels of the relational dynamics. For clarity, here is an example: before the birth of their daughter, Anna enjoyed the flamboyant character of her husband. However, the stressors associated with the transition to parenthood could make it much harder for Anna to lay a positive eye on him, as she now needs Dan's active support. She might shift her perception and start seeing him as a childish unreliable person. If Anna and Dan are unable to adapt to the new situation, it could lead to the dissolution of their couple.

As time passes by, the daily stressors of life and the more decisive turnovers will necessarily affect the couple's relationship. However, although each couple is unique, some normative changes may be retrieved. This aspect is addressed in the next subsection in which I describe the trajectory of the romantic relationship across time.

1.3 Development of the romantic relationship

Most studies show a deterioration of romantic quality and satisfaction across time. However, it is not clear if this deterioration is constant (VanLaningham, Johnson, & Amato, 2001), stabilized with time (Vaillant & Vaillant, 1993) or if the trajectory follows a U-shaped curve, with a resurgence of satisfaction during the later years of life (Kulu, 2014; Orbach, House, Mero, & Webster, 1996; Orth et al., 2012). These discrepancies seem to indicate that there are multiple clusters to the development of the romantic relationship.

Accordingly, several studies found that the data was best described when considering multiple trajectories instead of a single global path. Lavner, Bradbury, and Karney (2012) analyzed the development of romantic quality for newlyweds wives and husbands (separately). Three trajectory groups were identified over the four years of the study, individuals in the first group reported a constant high satisfaction (58% of the husbands and 69% of the wives); the second group had a moderate initial satisfaction and presented a medium decline across time (29% of the husbands and 21% of the wives); the last group presented a low initial satisfaction with a steep decline across time (13% of the husbands and 10% of the wives). According to this study, the initial levels of satisfaction were therefore predictive of the development of the relationship.

Kamp Dush, Taylor, and Kroeger (2008) found similar results when evaluating partners who had been married for a longer period of time ($M = 12.5$ years). The study spanned over 20 years, and the results also indicated the presence of three clusters. Among participants, 38% reported being in a stable high quality marriage, 41% presented a middle quality trajectory displaying a decrease during the first 17 years, followed by a regain in satisfaction at the last wave. The last 21% of the sample started the study with a slightly lower romantic quality and experienced a significant decline over the first 12 years. However, a regain was observed during the last years.

This rebound was also observed in another study using data from the first 35 years of marriage. S. L. James (2015) indicated that two distinctive trajectories emerged among women. In the first group (66% of the sample), women started the study with high levels of marital quality and experienced a shallow decline over time. In the second group (33% of the sample), the initial romantic quality was much lower and a steep decline was observed. However, after 30 years a modest rebound was visible.

These results are noteworthy because they highlight the fact that normative changes seem to exist, probably because most couples undergo similar life stages (McGoldrick, Carter, & Garcia-Preto, 2014). The results indicate that most stable couples seem to experience some sort of satisfaction decline over time, with a certain regain after the relationship has matured. This rebound might happen because the partners come to realize that together, they were able to overcome numerous difficulties and now share a common history (Gottman & Silver, 2016). The results also indicate that some couples manage to avoid the erosion of years and are able to maintain a stable high satisfaction, while on the opposite some couples experience steep decline. Acknowledging the existence of these two types of romantic quality development is important. The understanding of what characterizes each of them represents valuable indications for helping couples in distress.

Among the multiple life stages that a couple might come to experience is the transition to parenthood. It appears to be a sensitive period for partners as substantial findings indicate that it is associated with a decrease in the quality of the romantic relationship. Accordingly, in a meta-analysis based on 90 studies, Twenge, Campbell, and Foster (2003) showed that parents (mothers and fathers) report a significantly lower romantic quality compared to non-parents. Furthermore, the effect was stronger for mothers and the number of children appeared to negatively correlate with romantic quality. The results also suggested that this decrease might be due to disagreements regarding task-sharing and restriction of freedom. A limit of this meta-analysis is that it focused on cross-sectional results and thus did not examine the effect of parenthood on the trajectory of romantic quality.

This aspect was analyzed in two longitudinal studies. Doss, Rhoades, Stanley, and Markman (2009) indicated that both parents' and non-parents' romantic quality decreased across the first eight years of marriage. However, whereas non-parents experienced gradual decrease, a sudden drop was observed following the child's birth, which tended to continue over time. In the second study, Keizer and Schenk (2012) used data spanning on 12 years. Their findings indicated that the transition to parenthood led to the apparition of a U-shape pattern, with a strong decline for several years followed with a regain in romantic quality. The first years of parenthood appeared to be the most

challenging, and on average a rebound was observed when the child was approximately seven years old, coinciding with the entrance to primary school.

Don and Mickelson (2014) analyzed the presence of heterogenous patterns regarding the development of the romantic quality of parents. The study lasted for a year, with data collected before and after the child's birth. For all parents, a decrease was found. However, different groups were distinguished. For mothers, the fit of the data was at its best when dividing the sample into two groups. In the first one (79.4%), the initial level of satisfaction was high and the decrease was of small size, while in the second group (20.6%) mothers reported a lower initial satisfaction and experienced a more acute decline. For fathers, the solution with three groups best fits the data. The first group started high on romantic quality and moderately declined (51.0%), the second group also started high but displayed a sharp decrease after the child's birth (38.3%). Finally, the third group started at a lower level of romantic quality and displayed an important decline across time (10.7%). In order to better understand these different patterns, the authors also evaluated the effects of prenatal risks. Fathers' support as well as their level of anxiety appeared to predict mothers' subgroup membership. Furthermore, mothers' self-esteem as well as their daily stress predicted fathers' subgroup membership. Interestingly, fathers' support also predicted their own subgroup membership (being more supportive enhanced fathers romantic satisfaction). Accordingly, these results were in line with the VSA model described above as it highlighted the effects of individual characteristics, dyadic dynamics and external events.

Delicate, Ayers, and McMullen (2018) conducted a meta-analysis on 12 studies with the objective of extracting the main aspects explaining the drop of romantic quality observed after the first child's birth in western societies. The authors identified six themes: the child's birth appears to be associated with an adjustment phase (1) and a shift of parents' priority toward the baby (2), the romantic relationship becoming of secondary importance with consequences on communication (3) and intimacy (4), potentially leading to a strain on the relationship (5). However, the child's birth might also create a new sense of affinity and connection between the partners (6). These results are in line with the longitudinal studies indicating that for most –but not all– couples, the transition to parenthood represents a crisis in the sense that it is

accompanied with multiple stressors to which parents have to adapt, whilst not necessarily feeling sufficiently prepared.

The literature indicates that most couples experience a decline in romantic quality over time, and that this is particularly true for parents. However, what are the consequences of such a decline? Or said differently, what are the benefits of high romantic quality for the family members? The present question will be answered below.

1.4 Importance of the romantic relationship quality

I will first review the effects of romantic quality of partners' well-being (1.4.1) and then report for its role concerning the child's adjustment (1.4.2). Indeed, although the focus of this dissertation is the parents, it seems valuable to adopt a larger perspective and report for the effects on the whole family. Both the positive effects of a high quality relationship and the detrimental effects of a distressing relationship will be addressed.

1.4.1 For the partners

Several aspects of well-being will be covered, starting with the effects of romantic quality on psychological health, physical health, economic status and ending with its effect on general life satisfaction.

Based on the DSM-IV screening criteria (American Psychiatric Association, 1994), individuals engaged in distressed romantic relationships have more chances to be diagnosed with anxiety disorder, social phobia, depression or bipolar disorder (Whisman, 2007). As for longitudinal effects, Overbeek et al. (2006) reported that marital discord represented a significant risk for the development of anxiety, dysthymia and social phobia three years later, as defined by the DSM-III-R (American Psychiatric Association, 1987). Regarding psychological symptoms specifically linked to parenthood, a supportive romantic relationship appears to protect against postpartum depression (Dennis & Ross, 2006). In both studies regression analyses were used.

Thus, marital distress seems to represent a significant risk factor for multiple psychological health issues. Noticeably, most of the literature linking romantic quality to psychological troubles has focused on internalizing symptoms and more specifically, on depression leading to a deepened understanding of the role of romantic quality for this type of pathology. Structural equation modeling results indicate that marital distress

and/or a lack of couple satisfaction has prospective effects on depression and anxiety symptoms during the first years of marriage (Brock & Lawrence, 2011), when having an adolescent child (Beach, Katz, Kim, & Brody, 2003), and during middle adulthood or older age (Whisman & Uebelacker, 2009). Accordingly, this effect does not seem to be related to a specific stage of the couple as it was retrieved across the different periods of life. Furthermore, the effect was robust enough to be observed through daily diaries. Whitton, Stanley, Markman, & Baucom (2008) found that women present more depressive symptoms on weeks where they report poorer marital quality than usual. This outcome was stronger for short duration relationships, indicating that relationship stability seems to help limit the emotional reactivity of women to fluctuations in romantic quality.

Marital quality also appears to significantly modify the trajectory of depressive symptoms above and beyond its natural course. Again, this result was found at different life stages: during the first years of marriage (Davila, Karney, Hall, & Bradbury, 2003) as well as with partners of more mature relationships (Kouros, Papp, & Cummings, 2008). Both studies used hierarchical linear modeling. Noticeably, as time passed by, husbands appeared to be even more vulnerable to the effect of marital distress on depressive symptoms (Kouros et al., 2008). In long-term relationships, change in marital distress had a greater impact on husbands' depressive symptoms, compared to more recent relationships. Therefore, while time seems to attenuate the link between romantic quality and depressive symptoms for women, men, on the other hand, seem to become more emotionally sensitive to marital distress. Finally, perceiving one's romantic relationship as unhappy did not only predict the individuals' own depressive symptoms but also the one of the partner (Beach et al., 2003; Kouros et al., 2008), confirming the importance of this variable.

It should also be noted that reciprocal effects were found, indicating that depressive symptoms may alter the romantic relationship as well (e.g., Kouros et al., 2008; Whisman & Uebelacker, 2009). Accordingly, romantic quality and psychological health appear to be tightly linked and whereas a happy relationship may attenuate symptoms, distress in the relationship represents a significant risk for one's mental health.

Researchers have also examined the associations between romantic relationship quality and somatic wellness of partners. Again, several findings are to be reported. In their meta-analysis on 126 articles, Robles, Slatcher, Trombello, and McGinn (2014) indicated that greater marital quality was associated with better health outcomes and a lower risk of mortality. Furthermore, Miller, Hollist, Olsen, and Law (2013) showed through a longitudinal study spanning over 20 years that change in marital happiness /distress predicted change in general physical health. Latent growth curve analyses were used.

Researchers also analyzed the effects of specific couple behaviors. For example, experimental studies show that while hostile marital interactions enhance blood pressure and stress (Holt-Lunstad, Birmingham, & Jones, 2008), adequate dyadic coping significantly reduces cortisol and heart rate responses to stress (Ditzen et al., 2007). Moreover, in a 10-year study evaluating the effects of marital strains on coronary heart disease and mortality, Eaker, Sullivan, Kelly-Hayes, D'Agostino Sr, And Benjamin (2007) found that women's inhibition of emotions during conflicts multiplied their risks of death by four. Using dyadic latent growth curve modeling, Haase, Holley, Bloch, Verstaen, and, Levenson (2016) also showed that emotional behaviors during a conflict discussion task predicted the emergence of physical symptoms through a study spanning on 20 years. Indeed, their results indicated that displaying anger during the task predicted greater chances of husbands' developing cardiovascular symptoms, as time passed. Similarly, the use of stonewalling predicted husbands' developing of musculoskeletal symptoms.

Beyond the direct effect of romantic quality on health, an indirect effect is also expected, as marital distress appears to be predictive of detrimental habits, such as smoking (Fleming, White, & Catalano, 2010), consuming alcohol or drugs (Overbeek et al., 2006; Whisman, Uebelacker, & Bruce, 2006). The studies respectively used hierarchical linear modeling and logistic regressions.

All of these results suggest that individuals in distressed marriages are probably in need of enhanced medical care. Although this effect was not directly measured it was shown that they do spend more on their physical health. Accordingly, Prigerson, Maciejewski, and Rosenheck (2000) showed that in the United States, individuals in

unhappy marriages are substantially more costly for health services (approximately 30% more).

Economic issues are usually considered to cause stress and have negative consequences on marriages (Hubler, Burr, Gardner, Larzelere, & Busby, 2016; Neppl, Senia, & Donnellan, 2016). However, the opposite causal direction may also be true. Indeed, being in a stable marriage seems to protect against poverty: marriage stability appears to be associated with financial prosperity (Waite & Gallagher, 2000) and with lower chances of needing social aids (Thomas & Sawhill, 2005). Accordingly, a happy marriage may contribute to less external stress by improving the financial security of partners.

All of these results seem to indicate that high romantic quality is a valuable resource for well-being. In line with this assumption, Proulx, Helms, and Buehler (2007) showed through a meta-analysis on 93 studies that the romantic relationship quality has a significant prospective effect on partners' well-being (weighted mean effect size $r = .25$). Furthermore, this causal direction appeared to be stronger than the opposite one. Using latent growth curve analyses, Kamp Dush et al. (2008) also showed that marital satisfaction buffered the normative decrease in life satisfaction observed in a longitudinal study spanning on 20 years.

1.4.2 For the child

Several longitudinal studies indicate that romantic quality affects children's psychological development. Brock and Kochanska's (2015) study started when children were 4.5 and ended when they were 10 on average. Using growth curve analyses, the authors found that the steeper the mothers' decline in romantic quality, the faster the child would develop internalizing symptoms. The results also established that the decline in romantic quality preceded the escalation in children's symptoms.

Additionally, using cross-lagged methods, Cummings, George, McCoy, and Davies (2012) indicated that marital conflict when children are 6 years old has prospective effects on their emotional insecurity two years later, which in turn predicts externalizing and internalizing symptoms at age 12. This study focused on negative conflictive behaviors such as verbal anger and stonewalling.

However, conflict is not always harmful as shown by McCoy, Cummings, and Davies (2009) and when parents are capable of cooperation and resolving their marital

disagreements, it has a positive prospective effect on children's emotional security at age 7, which in turn enhances their pro-social behavior at age 8.

With older children, Cui, Conger, and Lorenz (2005) showed through a study spanning on 5 years, that change in marital quality predicted corresponding change in adolescents' psychological adjustment. More precisely, it predicted adolescents' level of positive affect, their symptoms of anxiety, depression and hostility as well as their substance use (alcohol, cigarettes and drugs) and delinquency. The authors used growth curve analyses.

As for the presence of more significant problems in the romantic relationship, Vu, Jouriles, McDonald, and Rosenfield (2016) showed through a meta-analysis based on 74 longitudinal studies that children's exposure to intimate violence has prospective effects on children's externalized and internalized symptoms.

Several studies have also explored the effect of marital quality on the child's attachment security. Through two meta-analyses based on 8 and 10 studies respectively, Tan, McIntosh, Kothe, Opie, and Olsson (2017) showed that marital conflict impeded the child's attachment security, while parental dyadic adjustment had no significant effect.

Another issue with marital distress is that it appears to be transmitted across generations. Accordingly, using structural equation modeling Amato and Booth (2001) found that poor marital quality of the parents prospectively predicted the romantic quality of the offspring, and Perren, Von Wyl, Bürgin, Simoni, and Von Klitzing (2005) indicated that negative recollection of romantic quality in the family of origin predicted a steeper decline of one's own romantic quality across the transition to parenthood.

In summary, the romantic relationship quality is based on the building of a strong friendship between partners where plenty of trust and commitment are provided and where disagreements can be discussed without dismissive behaviors. The capacity of developing such a relationship will be affected by the partners vulnerabilities, the stressors they encounter and their coping abilities. Noticeably, most couples seem to undergo a decline of romantic quality across time, a problem which should be addressed given its multiple repercussions on partners and children.

In the next section, I will review the literature on the coparental relationship, adopting a similar approach, with the objective of outlining the importance of this relationship.

2 The Coparental Relationship

2.1 Introduction

The aim of this section is first to define the coparental construct and the aspects that characterize its quality (2.2). Then, I describe its development across life (2.3) and end the section by highlighting its importance for the parents and the child (2.4).

2.2 Defining the coparental relationship and its quality

The coparental relationship refers to the coordination implemented by the parents in order to raise their child (McHale, 1997). It is by essence triadic (or polyadic if the couple has more than one child). Coparenting includes the emotional and instrumental support partners provide one another regarding aspects such as choosing a pediatrician, deciding who will take the child to school, what are the rules that should be respected and how to deal with disobedience. It is more than the division of child-care labor. Indeed, even in traditional families where the father has a breadwinner role, and is not involved in the day-to-day care-giving tasks, coparenting is still present and still has a major influence on the child's life (McHale, 2007b).

The theorization of coparenting goes back to Salvador Minuchin (1974) who developed the structural family theory and was the first suggesting to separate the romantic subsystem from the coparental subsystem. He considered that the goal of the romantic system is to provide partners with a shelter, protecting them from the numerous demands of life. On the other hand, he designated the coparental subsystem as the "executive subsystem" whose goal is to ensure that the family is a well-rounded affair. Accordingly, coparents are considered to be the co-manager of the family system, who organize and regulate the interactions between its members.

The coparental relationship represents the bond between both partners as parents and includes all family members. As illustrated in Figure 4, it is located at the intersection of the father, mother and child relationships (McHale & Irace, 2011). It is affected by each of its members. Noticeably, the influence of the child on the coparental relationship starts early in development. Even at a very young age, infants have the capacity to interact in a triangle and to be simultaneously in contact with both parents.

Fivaz-Depeursinge, Lavanchy-Scaiola, and Favez (2010) showed that at three months the infant already addresses attention and affect to both parents, therefore including them in the interaction. The coparental relationship is also affected by each of the three dyadic relationships (parent-child relationships and romantic relationship). However, the functioning of the triad is unique (P. Minuchin, 1985).

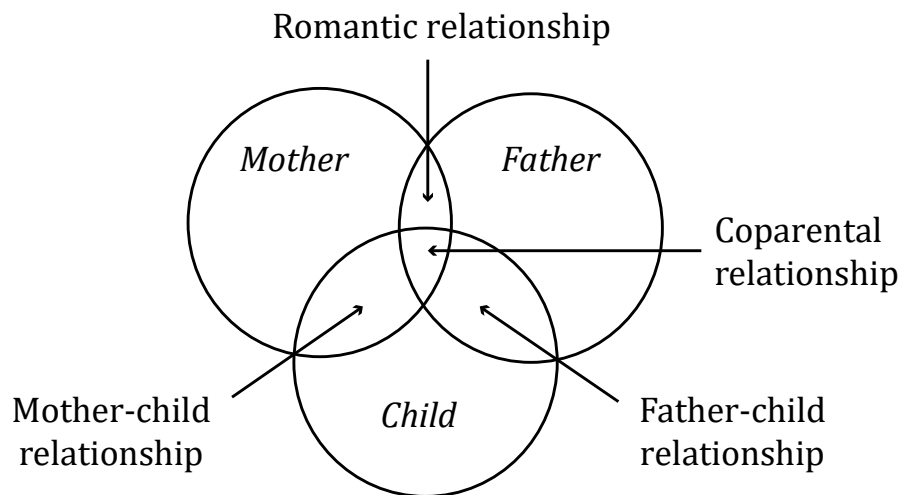


Figure 4. The coparental relationship (McHale & Irace, 2011).

The coparental triad can be explicit but also implicit, meaning that coparenting does not only occur when the whole family is together. Multiple modalities exist. For instance, when parents are alone, talking about the child it is a coparenting situation. Similarly, if a parent is alone with the child and overrides the other parent's rules it is also a coparenting situation. Accordingly, McHale (1997) distinguishes overt coparenting (characterized by the presence of both parents) from covert coparenting (characterized by the absence of one of the parents).

The research on coparenting is still a relatively recent field, and a clear consensus on the critical features allowing to describe coparenting and its quality has not been reached yet McHale and Lindahl (2011). Minuchin's perspective stressed the importance of hierarchy and boundaries. Accordingly, he believed that a functional coparental relationship is characterized by clear generational boundaries (e.g., child excluded from spousal conflicts), wherein parents rely on each other and share the responsibility of the child, thus allowing his/her healthy socio-emotional development and preventing parentification. However, since then, several other propositions have been made based

on the observation of parents in a coparenting situation or on parents' perception of their coparenting relationship. For example, McHale and Irace (2011) suggests that a high coparental alliance is reached "when the adults find ways to work together to cocreate a structure that adequately protects and nurtures the child" (p. 16). In order to reach this structure, parents must come to an effective cohesion between each other, which can be observed through the trust parents have in one another regarding the caring of the child, as well as through their ability to communicate, support and back up each other. Finally, cohesive coparents should be able to overcome disagreements encountered. Accordingly, the coparental questionnaire developed by McHale (1997) evaluates family integrity (parents' promotion of cohesion), conflict between coparents, disparagement of the coparent in front of the child, and discipline. According to this view, high standard coparenting does not imply an equal sharing of tasks but rather emphasizes the importance of agreement between parents.

Through their literature review, Favez and Frascarolo (2013) outlined the presence of six coparenting dimensions: support, conflict, division of labor, investment in parenting, education and triangulation (Feinberg, 2003; Margolin, Gordis, & John, 2001; McHale, 2007a; Teubert & Pinquart, 2010; Van Egeren & Hawkins, 2004).

Support refers to the cohesion, coordination and solidarity displayed by the coparents. It includes all the efforts made to promote a strong coparental team, wherein the partners have a common perspective and validate each other in front of the partner, or when alone with the child.

Conflict implies the presence of dissonance between the parents regarding the child rearing. Furthermore, it evaluates the presence of antagonism, disparagement or competition between the parents. Here, they are opponents and work against each other. For example, by distracting the child while s/he is interacting with the other parent.

Division of labor concerns the repartition of the effective tasks related to the child. Who is in charge of what? For example, with who does Lucy generally takes her bath? Who takes her to bed? Help her get dressed?

Investment in parenting consists in the division of responsibilities. It does not concern specific tasks that must be accomplished but rather who sets the limits and also

who comforts the child. This dimension thus measures the emotional engagement of parents.

Education measures the degree of agreement between parents regarding a large set of subjects related to the upbringing of children such as values, religion, etc.

Triangulation occurs when a parent tries to ally with the child against the other parent. For some authors, it is included in the conflict dimension, while for other it represents a differentiated dimension.

With the exception of Feinberg (2003), none of the models include the entirety of the dimensions (Favez & Frascarolo, 2013). However, they all comprise measurements of support and conflict, which should be viewed as separate dimensions instead of both endings of a same continuum. Accordingly, it was shown that a coparental team can simultaneously display supportive and conflictive behaviors. For example, when both parents are highly implicated. McHale (1997) labeled this type of couple as “passionate couples”. Accordingly, the coparental relationship can be characterized through several quality indicators that can be divided in two main groups: supportive coparenting and conflictive coparenting.

In order to fully understand the coparental relationship quality, another aspect that may be important to acknowledge is the family’s developmental stage. Indeed, children’s needs evolve as they grow, which means different coparental duties. In the next subsection I will therefore review the multiple tasks coparents must deal with as their child grows up.

2.3 Coparental tasks according to child’s age

Authors seem to agree on the fact that as the child grows, tasks and challenges of coparents change. According to Mangelsdorf, Laxman, and Jessee (2011) and McHale and Irace (2011), coparenting infants mainly concerns nurturing issues. Parents must be able to provide a secure context, made of routines on which the child may rely on. This stability and the consistency in responsiveness will in turn allow the child to focus on learning how to self-regulate. High coparental quality also appears helpful for the development of the infant’s social abilities.

With toddlers, a shift seems to occur as the child learns to speak and walk, enhancing his/her independence. At this stage, parents must find the balance between

promoting the child's autonomy and setting clear boundaries. They must coordinate on what is acceptable and what is not. Displaying disparaging comments about the other parent can be particularly damaging at this age as it harms the child's feeling of security in the family (McHale, 1997). It is also a period during which the parents must teach the child how to socialize in a culturally appropriate way, which may create coparental conflicts (Gottman, Katz, & Hooven, 1997). Furthermore, starting toddlerhood, triangulation behaviors become easier to spot. These behaviors refer to the fact of putting the child in the middle of the parents' conflict, for example by displaying contradictive messages, forcing the child to choose which parent to please:

Mother: " We will soon have dinner, you can't have chocolate now."

Father: "Don't be so mean, it's okay if he has a bit of chocolate."

When parents act this way, the child is put in an unsound position constraining him/her to ally with one of the parents against the other one, which has been shown to have detrimental effects on the child's development (Murphy, Jacobvitz, & Hazen, 2016).

At school age, the importance of friends and teachers grows rapidly. Parents must learn to respect the privacy of their child, while keeping informed of what s/he is going through. Parents who communicate, keep each other posted on the child's life, and deliver clear sensitive and consistent messages to the child enhance the chances of maintaining a secure family structure (McHale, 1997). When coparenting does not function well, parents might encourage secrecy and incite the child not to tell things to the other parent (Mangelsdorf et al., 2011). The problem with such behaviors is that the child might learn to keep secrets from both parents.

During adolescence, children challenge the parents' authority and mutual accommodation must be found between the child's demands for autonomy and the parents' rules. Once again, parents' coordination and teamwork is important for the parents and children's well-being and a lack of coparenting alliance seems to enhance the adolescents' risk-taking behaviors (Riina & McHale, 2014).

Coparenting subsists as long as parents discuss about their child. Accordingly, there is no reason to believe that the relationship ends when the child reaches a certain age. However, to our knowledge, no study has yet examined the coparental relationship of adult children (as perceived by the parents). Although parents' role might not be as crucial as in young age, knowing that one can rely on their support might still be a

strength during adulthood. Regarding the coparental relationship, the questions that arise may rather concern the level of involvement required and the development (or not) of more horizontal relationships with the child.

Some of the child's life stages may be more challenging than others for the coparental relationship. As the tasks change, the quality of the coparental relationship may also be affected. In the next section I will report for the development of the coparental relationship across time.

2.4 Development of the coparental relationship

The coparental relationship emerges even before the birth of the baby. Indeed, during pregnancy, partners already project themselves in their future roles of parents and develop some expectations about the coparental relationship there are going to build. Parents who have a negative representation of their future family (expectations of negativity, inequity and discrepancy in beliefs) appear to display less cooperation and family warmth at three months postpartum (McHale, Kazali, et al., 2004) and at twelve months postpartum (McHale & Rotman, 2007). Accordingly, having pessimistic thoughts may represent a vulnerability for the coparental relationship.

Similar results were found using an observational task, wherein future parents were asked to simulate an interaction with their newborn child, represented by a doll (Favez et al., 2006). Parents displaying warmth and positive affect-sharing during the task, also presented a better coparental alliance with their child at three and eighteen months postpartum. These results were retrieved in another study using the same methodology with measurements at three months of pregnancy and when the child was 9 months old (Altenburger, Schoppe-Sullivan, Lang, Bower, & Kamp Dush, 2014).

Accordingly, findings linking pre- and post-birth coparenting indicate some consistency in the quality of the relationship, which is in line with other longitudinal studies reporting a moderate stability and indicating that supportive behaviors (as well as undermining behaviors) seem to be correlated across time (e.g., Le, McDaniel, Leavitt, & Feinberg, 2016; Schoppe-Sullivan et al., 2004; Van Egeren, 2004).

Although some continuity is found, results also indicate the presence of change. For example, Laxman et al. (2013) found that over the first three years of the child, undermining behaviors stayed stable, while supporting behaviors decreased.

All of these studies focused on children until the age of three. Accordingly, the majority of the coparental literature focuses on the child's first years of life, from pregnancy to preschool years.

Regarding older children, Margolin et al. (2001) showed that parents of preschoolers (4-5 years) displayed more cooperation compared to parents of preadolescents (9-13 years). A similar tendency was observed regarding conflict, although the difference did not reach significance. Furthermore, with children of 11 years old (at time 1), Riina and Feinberg (2018) found that coparental support decreased over the six years of the study (as reported by mothers and fathers), while coparental conflict stayed stable.

One study focused on the coparental satisfaction instead of evaluating the coparental quality and reported that it stayed stable between age 8 and 11.5 but then followed an inversed U-shaped trajectory between age 11.5 and 15 (Riina & McHale, 2013). This finding could indicate some discrepancies between studies' results but it could also indicate that coparental quality and coparental satisfaction are not synonyms. For example, coparents might be satisfied with their relationship even though not much support is displayed. If we combine the results of the two studies by Riina and colleagues it could suggest that when the child becomes older and more independent, coparents are less in need of support. Accordingly, the level of support might decline, while the felt coparental satisfaction increases. However, as the child enters adolescence and starts challenging the parental authority, there might be a regain for the importance of coparental support and its decline might only start altering the coparental satisfaction at this stage.

Further longitudinal studies are needed to fully understand the coparental trajectory. As highlighted by McHale, Kuersten-Hogan, and Rao (2004) there is a lack of knowledge concerning the evolution of the coparental relationship with children older than preschoolers, both on a theoretical and on an empirical perspective. Although this statement was made almost 15 years ago, it still seems accurate. Indeed, to our knowledge, there are no longitudinal studies on a large time-span (10 years or more).

The main characteristics of the coparental relationship have now been described. Through the next subsection I will address a final aspect that should be developed in

order to have a thorough image of the coparental relationship: the role of its quality for the different family members.

2.5 Importance of the coparental relationship

The coparental relationship may affect the family well-being through several aspects. I will review its effects on parents (2.4.1), on the child (2.4.2) and on the parent-child relationship (2.4.3).

2.5.1 For parents

Few studies have evaluated the effect of coparenting quality on parents' well-being. However, they seem to show significant links. Solmeyer and Feinberg (2011) found that in first-time parents with a one-year-old baby, supportive coparenting lowered parents' stress and fathers' depressive symptoms. It also enhanced the perception of parental efficacy for mothers and fathers. Furthermore, undermining coparenting had the opposite effects. It enhanced the level of stress of both parents as well as their depressive symptoms and lowered the levels of parental efficacy. Accordingly, knowing that one can count on his or her partner represents an asset to go through the multiple challenges that new parents are faced with.

This result seems to persist in the subsequent pregnancies. Indeed, similar results were found in samples including both primiparous and multiparous parents. Accordingly, O'Hara and Swain (1996) showed through a meta-analysis that paternal supportive coparenting significantly reduced the severity of maternal depression during the postpartum period. More recently, Thorp, Krause, Cukrowicz, and Lynch (2004) reported an enhanced level of maternal stress when mothers were unsatisfied of the support provided by their partner during the postpartum period. The presence of withdrawal from the father appeared to mediate this relationship. Thus, maternal dissatisfaction led mothers to intensify their request for support, which tended to have the opposite result, as fathers replied by enhancing their level of withdrawal, causing maternal stress.

Comparable results were found after a divorce. Accordingly, Lamela, Figueiredo, Bastos, and Feinberg (2016) showed that divorced families could be divided into three clusters: families in which the coparental relationship is characterized by its high level of conflict; of undermining behaviors; or of cooperation. In families with high levels of

coparental conflicts, parents reported significantly lower levels of life satisfaction and more negative affect compared to both cooperative families and undermining families. This result is interesting because conflictive and undermining families were distinguished by the fact that in the latter parents did not confront each other. The undermining happened in a covert way, without the presence of the other parent. Accordingly, it seems easier for parents to cope with conflictive incidents that do not happen when the whole family is together. However, as presented in the next subsection, both types of conflicts appear to be deleterious for the child.

It appears only Tissot, Favez, Ghisletta, Frascarolo, and Despland (2017) explored the longitudinal effects of coparenting on parents' well-being. The data was collected three times, at 3, 9 and 18 months postpartum. Using multilevel modeling, the results confirmed the existence of significant links between coparenting (supportive and conflictive) and parents' depressive symptoms. However, the findings mainly concerned mothers and indicated that depressive symptoms were a better predictor of coparenting than vice-versa. Accordingly, even though the failure to develop a fulfilling coordination between parents appears to cause suffering, it is rather the pre-existence of individual fragilities that seems to impede the positive development of the coparental relationship.

2.5.2 For the child

Substantial research indicates that coparental quality contributes to the child's positive development. Through their meta-analysis based on 59 studies (Teubert & Pinquart, 2010) showed that coparenting quality (cooperation, conflict and triangulation) is associated with children's internalizing and externalizing symptoms as well as with their social functioning. Furthermore, using a subset of nine longitudinal studies, the authors reported that high coparental quality appears to predict positive change in the child's global adjustment. The meta-analysis only included children until age 16 and most results concerned toddlers.

Recent studies seem to confirm the importance of coparenting quality and provide a more detailed understanding of how it affects the child's development. For example, Umemura, Christopher, Mann, Jacobvitz, and Hazen (2015) showed through regression analyses that competitive coparenting when the child is two years old predicts hyperactivity and oppositional defiant symptoms five years later, at age seven. Specifically, the father's competitiveness made a unique contribution to the child's

symptoms. This was not the case for mothers, indicating that maternal undermining behaviors might be less harmful for the child. This result could be linked to the fact that mothers tend to be the primary caregiver and therefore it might seem more normal to the child that they rectify fathers' behaviors than vice-versa. As for internalized symptoms, Umemura et al. (2015) indicated that coparental conflict had a weaker effect (compared to externalized ones). Nevertheless, children coming from families where parents were both low on competitiveness were the ones with the fewer affective symptoms. In this study, the presence of coparental conflict appeared to be more detrimental for the child, compared to the absence of coparental support. Indeed, cooperative coparenting did not seem to affect the development of children's psychological problems.

According to Altenburger, Lang, Schoppe-Sullivan, Kamp Dush, and Johnson (2017) positive coparenting might only have a significant effect on children that are particularly at risk. Their results were based on hierarchical regression analyses, and indicated that supportive coparenting only lowered deregulation of toddlers with initially high negative affectivity, while it did not affect less problematic children.

During adolescence, Riina and McHale (2014) found that cooperative coparenting (joint involvement and shared decision-making) did not predict the child's depressive symptoms. However, it reduced risky behaviors one year later. The authors applied a multilevel modeling approach.

Interestingly, using cross-lagged panel models, Zemp, Johnson, and Bodenmann (2018) found that between age 7 and 16 coparental conflict prospectively reduced the child's externalizing symptoms. This result could indicate that adolescents improve when they feel that their parents are concerned with their problems, even though it means that parents disagree on the way of reacting. Accordingly, it could be inline with the findings of Riina and McHale (2014) that highlighted the importance of joint involvement. On the other hand, as suggested by Zemp et al. (2018), it could also indicate a shift in the family functioning, wherein the parents' attention moves from the child to their own problems. Because the child is no longer the "symptom carrier" it may release energy, allowing the child to overcome his/her difficulties.

In divorced families with preadolescent children, it was found that conflictive coparenting and undermining coparenting had similar effects on the child's internalizing

problems (Lamela et al., 2016). However, the internalizing symptoms of the child were significantly lower when ex-partners were characterized by a cooperative coparental relationship. Cooperative coparenting was also associated with the lowest levels of externalizing symptoms, followed by undermining coparenting and ending with conflictive coparenting, which appeared to have the most detrimental effect. Furthermore, in another study on preadolescent children, it was shown that a significant part of the variance shown between children of intact families compared to children from divorced families was explained by coparenting quality. Indeed, divorce *per se* did not seem to affect the internalizing and externalizing symptoms of the adolescent. It rather appeared to be a consequence of destructive coparenting (Schick, 2002).

Beyond the effects of coparenting quality on the presence of internalized and externalized symptoms, coparenting also appears to be related to the child secure attachment at age one (Caldera & Lindsey, 2006) and during adolescence (Martin, Sturge-Apple, Davies, Romero, & Buckholz, 2017).

Finally, childhood experiences have a critical role in adult outcomes (e.g., Edwards, Holden, Felitti, & Anda, 2003) and coparenting might continue to affect the children's adult life. Accordingly, at age 20, young adults' reporting of coparental conflict still appeared to be associated with their mental well-being, although the effect was of small size (Shimkowski & Schrodt, 2012). Furthermore, Yan, Olsavsky, Schoppe-Sullivan, and Kamp Dush (2018) who focused on adult offspring showed that children's perception of the coparental relationship affected their own romantic relationship. Perceiving one's parents as supporting one another appeared to allow the development of a secure romantic attachment, which in turn enhanced the romantic quality of the adult children.

2.5.3 For the parent-child relationship

Coparenting quality also appears to have indirect effects on the child. Indeed, the stress caused by coparental conflict is energy-consuming and it seems to alter the quality of parenting, which in turn has negative effects on the child's well-being. Accordingly, Benson, Buehler, and Gerard (2008) indicated that coparental conflict had negative effects on four indicators of maternal relationship quality. Their study concerned children between age 10 and 14 and revealed that coparental conflict lowered mothers' acceptance, while it enhanced their tendency to harshness,

inconsistency and intrusiveness. In turn, each of these indicators affected the youth's internalizing and externalizing problems. Noticeably, conflictive coparenting appeared to have a particularly strong effect on maternal harshness, which in turn had the stronger effect on the child's external symptoms (acceptance had the higher effect on children's internalizing symptoms). Similar results were found for fathers, whose harshness toward adolescent children also appeared to be highly affected by conflictive coparenting, which in turn enhanced externalized problems (Buehler, Benson, & Gerard, 2006).

In divorced families, Benson et al. (2008) found very similar results confirming the mediating effect linking coparenting to the child's development through its effect on maternal parenting. Additionally, in divorced families, cooperative coparenting appears to enhance the contacts between non-resident fathers and children, which in turn allows a better father-child relationship and more responsive fathering behaviors (Sobolewski & King, 2005).

Furthermore, these results were retrieved in several longitudinal studies. With six-year-old children, Sturge-Apple, Davies, and Cummings (2006) showed that coparental hostility and withdrawal predicted lower emotional availability one year later (as displayed by both parents), which had a negative effect on the child's adjustment one year later. The authors applied autoregressive structural equation models. In families with preadolescent and adolescent children Dorsey, Forehand and Brody (2007) showed through structural equation modeling that conflictive coparenting predicted less positive maternal parenting 15 months later. Similarly, using data spanning on three years, Feinberg, Kan, and Hetherington (2007) indicated that conflictive coparenting predicted conflictive parent-child relationship, which in turn predicted further antisocial behaviors as displayed by the child. Hierarchical regression analyses were used.

Noticeably, using process models, Martin et al. (2017) indicated that although coparental conflict did enhance maternal harshness and lower maternal support it is rather the fact that it hindered mothers' capacity to represent a secure base that seemed to be problematic. Indeed, it obstructed the adolescent secure exploration of the environment, which in turn predicted further psychological problems and lower social

competences. Accordingly, the path between coparenting quality and the child's adjustment may pass by multiple mediators.

To sum up, the coparental relationship refers to the shared responsibility between parents for the care taking and upbringing of their children (McHale & Irace, 2011). One of the coparental relationship particularities is that each member of the family actively contributes to its quality. Empirical findings indicate that its quality has repercussions on the well-being of both parents and children and that it affects the parent-child relationship. Noticeably, some of these effects appear to be enduring, as they appeared to affect adult children as well. However, it should be noted that fully understanding the effect of coparenting is a vast task. Indeed, as positive and negative coparenting are two orthogonal behaviors, they might not have the same effects. Furthermore, coparenting occurs in multiple situations (e.g., overt and covert) and one might evaluate each parent's coparental behavior or the general coparenting atmosphere, which might have unique effects (Favez, Widmer, Frascarolo, & Doan, 2018). Finally, coparenting changes as the child grows and some behaviors might be especially detrimental at some ages but not at others. All of which complicates the understanding of the effects of coparenting and may explain the presence of some discrepancies.

The family system is highly interdependent (Cox & Paley, 1997) and understanding the different paths of influence between its components allows a more adjusted knowledge of this system. The characteristics and the importance of both the parental couple relationships have now been outlined. In the next section, I will clarify the value of the distinction between the romantic and coparental relationships and highlight the links that exist between them.

3 Two Distinct Yet Interrelated Constructs

3.1 Introduction

Through this section I report for the historical context that has led to the distinction of the romantic and coparental relationships. I also describe the relevance of this distinction (3.2) and the add-on that it represents. Finally, I review the spillover effects and the causal directionality that connects both relationships (3.3).

3.2 Relevance of the distinction

Substantial characteristics of the romantic and coparental couple overlap because they both involve the parents. Consequently, the distinction between these two relationships has not always been an evidence. The distinction can be traced to the 1970s and was imbedded in societal changes, accompanied with a turnover regarding the theoretical perception of the family system and the child's needs.

During the 20th century, western countries witnessed profound changes of their societal functioning. Among them, the rise of the divorce rate, which started in the 1970's (Cherlin, 2009) and led to multiple interrogations in the family research field. The rationale of a distinction between the romantic and coparental relationships emerged from the recognition that following a divorce, the marital relationship is dissolved, while parents still have to coordinate in order to raise their children: they are still coparents. Early studies on coparenting focused on the trust ex-partners had in each other regarding child caring as well as their capacity to achieve tasks related to the child (Maccoby, 1992). These studies were the first to highlight the negative consequences of the parents' inability to collaborate (Amato & Rezac, 1994; Jacobson, 1978; Rosen, 1979). Through them, the coparental field gained in notoriety, which encouraged its expansion to all family types.

Analyzing the coparental interactions allowed a finer understanding of the path through which the parental relationships affect children. Indeed, it indicated that a weak romantic quality is especially damaging for the child when it impedes the parents' ability to function as a team with a joint objective: the child's well-being. Accordingly, what first distinguishes the romantic and coparental relationship is that they are not motivated by

the same concerns. The former is motivated by a concern in the well-being of the self, the partner or the dyad, while the latter is motivated by a joint concern for the child's well-being (Margolin et al., 2001). As a consequence, experiencing difficulties in one relationship is not necessarily accompanied by struggles in the other relationship. This assumption was confirmed by empirical findings indicating that some parents may not have their expectations met regarding their romantic relationship but still consider their partner as a good parent and feel able to rely on each other at this level (McHale, Kuersten-Hogan, Lauretti, & Rasmussen, 2000).

In parallel to these discoveries, the structural approach was developed by S. Minuchin (1974). As mentioned when describing the coparental relationship, he was the first to theorize the distinction between the romantic and coparental relationships. Minuchin indicated that they each have their own boundaries and rules (who participates in what, and how). When these boundaries are clear, it allows the family members to carry out their roles in the different subsystems. However, when the boundaries are too loose or too rigid it impedes the individual's healthy development and adaptation to external events. S. Minuchin (1974) highlighted the importance of taking into consideration the functioning of the different family subsystems in order to reach a global view of the family and understand what might cause psychological symptoms in family members. His work also emphasized the impossibility of drawing conclusions on the functioning of a system based on the observation of its different subsystems. This assumption refers to one of the major axioms of the systemic approach, considering that the whole is more than the sum of its parts. Accordingly, the quality of the coparental interaction cannot be deduced from the quality of the romantic relationship added to the quality of mother-child and father-child interactions. Indeed, the level of analysis is different and some dynamics can only be witnessed when considering all of the members together. For example, each parent might be well able to play alone with the child, however, when asked to play altogether competitive behaviors could arise. Accordingly, findings indicate that dyad-based data are not necessarily correlated to family measures (McHale et al., 2000).

This perspective represented a historical turn-over, as previous theorists mainly focused on the mother-child dyad to understand the child's development (e.g., Bowlby, 1958). Studying the coparental relationship represented an add-on because it shed light

on specific dysfunctions that affect the child and went unnoticed when focusing solely on the dyadic relationships. One of them being triangulation wherein parents work against each other and try to ally with the child, leaving him/her in an uncomfortable position, torn between loyalty conflicts.

The distinction between the romantic and coparental relationships therefore emerged from societal changes as well as an evolution of family theories, which both led to important discoveries, emphasizing the value of this separation.

Empirical findings have further confirmed its validity as they indicate that the predictors and outcomes of the romantic and coparental quality are different from one another (e.g., McHale, 1995; McHale & Rasmussen, 1998). Furthermore, coparenting quality continues to have significant effects on the child's adjustment even after controlling for the effect of romantic quality, confirming its unique contribution (Feinberg et al., 2007). Finally, validity analyses have shown that romantic and coparental quality are two separate objects (Van Egeren, 2004), as a significant part of their variance is not shared.

3.3 Spill-over effects and causal directionality

Although distinct, the romantic and coparental relationships are closely connected and spillover effects are not rare (McHale, 2007b). This mechanism refers to the fact that emotions and behaviors may be transferred from a relationship to another. Noticeably, the direction of causality between romantic and coparental interactions remains controversial. According to some researchers, the romantic relationship should be considered as a predictor as it chronologically comes first and represents the basis of trust and support on which the coparental relationship will develop.

In line with this perspective, substantial findings indicate that a fulfilling coparental relationship is not easily achieved when parents are struggling with disagreements at the romantic level. For example, multiple studies have reported actor and partner effects of the romantic quality on the coparental one (Christopher, Umemura, Mann, Jacobvitz, & Hazen, 2015; Le et al., 2016; Liu & Wu, 2016). Furthermore, Kitzmann (2000) showed through an experimental study that romantic conflict deteriorated the quality of subsequent coparental interactions.

This result is also supported by longitudinal data showing that prebirth romantic satisfaction later predicts the quality of the coparental relationship (e.g., Christopher, Umemura, Mann, Jacobvitz, & Hazen, 2015; Lindahl, Clements, & Markman, 1997; McHale, Kazali, et al., 2004). Moreover, several authors have found the same causal relationship when measuring romantic satisfaction after the child's birth (e.g., Bonds & Gondoli, 2007; Floyd et al., 1998; Pedro, Ribeiro, & Shelton, 2012).

Nonetheless, some authors rather consider that the fact of having a child represents such a turnover for the partners' lives that it will in turn affect the romantic quality. Accordingly, Schoppe-Sullivan et al. (2004) showed that coparental behaviors at 6 months postpartum predicted couple satisfaction 2.5 years later but not vice versa. Accordingly, feeling undermined or insufficiently supported in one's parental role might also generate disillusion about the partner, with negative consequences for the romantic relationship.

A third possibility to consider is that the two perspectives are simultaneously correct. Using data on parents with 10-year-old children, Ippolito Morrill, Hines, Mahmood, and Cordova (2010) tested both models, and their results indicated that the two models fit the data equally. However, as this study was cross-sectional it does not allow drawing conclusions on the causal directionality linking the variables. Finally, in a study evaluating families during pregnancy and up to 3 years postpartum, reciprocal influences were found between the romantic and coparental relationships (Le et al., 2016). However, whereas the cross-lagged models indicate that romantic quality predicted both parents' report of coparenting support and undermining, the coparental quality only had prospective effects for mothers.

Taken together, the present literature strongly supports the fact that the quality of the romantic relationship affects coparenting. However, it does not rule out the presence of reciprocal effects. In order to better understand the link between the two relationships, longitudinal studies with long spans are necessary. Indeed the causal directionality might change according to the family's life stage and to the stressors experienced. For example, when the baby is just born and the parents' energy is mostly devoted to the child's needs, the importance of the coparental relationship might be put forward. However, when the child grows older, things might reverse. Furthermore, life strains might also modify these relationships. For parents with disabled children the

coparental relationship might take all the space, not leaving much to the romantic relationship.

In this section it was shown that the distinction between the romantic and coparental relationships seems to be due to both society mutations, and to the development of a new theoretical framework, the systemic one. However, this does not mean that the coparental relationship was not studied before this period. Indeed, some older studies may have used different terminologies, such as “interparental conflict”, referring to same construct. Nevertheless, the advantage of the nominal distinction between romantic and coparental relationships is that it helped clarifying the coparental construct and enhanced its visibility. As a consequence, the number of studies focusing on this subject was boosted and it allowed establishing the fact that there is more to the family than the addition of dyadic relationships. This add-on was crucial because it shed light on specific parental behaviors (such as conflictive coparenting) that have detrimental effects for each of the family members. Accordingly, it revealed new working avenues for family practitioners, but also for couple and child therapists.

The focus of chapter B was the parental couple. It was shown that in order to understand the quality of the romantic and coparental quality several parameters should be considered. As proposed by the VSA model, individual aspects may have their significance but their effect will also depend on the context and on the couples' resources. Moreover, it emerges that the coparental relationship is more complex than it might appear at first sight. Indeed, although referring to a single relationship, it can occur in multiple situations (e.g., presence or absence of child), and in each of them the quality of the interaction may have specific effects on family members. Even though these aspects may have complicated the research on the parental couple relationships, the current stage of the literature indicates that the quality of the romantic and coparental relationship each has unique and significant effects on the well-being of the family members. However, the studies comparing the effects of the romantic and coparental quality are still scarce, and further effort should be allocated to have a fine understanding of the specific effects each of them has on the family members. Finally, this chapter showed that because the different family relationships influence each other, when trying to analyze the parental couple, it is important to adopt a comprehensive perspective and consider the links between the romantic and coparental relationships.

C. Self-esteem and the Parental Couple Relationships

In the present section I first report for the empirical results linking self-esteem to the global romantic relationship quality (1). Then, I report for the findings linking self-esteem to the coparental relationship quality (2). My aim is to provide a precise account of what is known regarding the association between self-esteem and these two variables. Next, I delve deeper in the analysis of those links and try to understand the processes and mechanisms through which self-esteem may affect the romantic and coparental relationships (3). To that end, I combine the theoretical assumptions that were presented earlier to the empirical findings that tested for them.

1 Self-esteem and the Romantic Relationship Quality

In order to gain a general perspective on the links between self-esteem and the romantic relationship I conducted a literature review in 2016. Its results are reported in the following section and are complemented with the results of two meta-analyses conducted by Erol and Orth (2017).

I found 47 studies linking self-esteem to romantic quality. This review showed that in order to characterize the romantic relationship different terms had been used. Authors mostly refer to romantic quality or romantic satisfaction. However, there seems to be a lack of distinction between the two terms. Accordingly, they are both used interchangeably to describe the outcomes of different questionnaires such as the Dyadic Adjustment Scale (DAS; Fairbairn & Testa, 2017; Guerriero, Fioravanti, Petrillo, Di Renzo, & Zavattini, 2017; Spanier, 1976; Tramonti et al., 2017; Wiebe et al., 2017) and the Relationship Assessment Scale (RAS; S. B. Campbell, Renshaw, & Klein, 2017; Decuyper, Gistelinck, Vergauwe, Pancorbo, & De Fruyt, 2018; Favez, Cairo Notari, Antonini, & Charvoz, 2017; Hendrick, 1988; Perales & Baxter, 2018), two of the most used instruments to evaluate the romantic relationship (Funk & Rogge, 2007). Based on this observation, the two terms were considered synonyms.

The studies selected all evaluated general self-esteem and included questionnaires on how satisfied the individual felt about the romantic relationship and/or items on the quality of different domains of the relationship. Three questions

were raised to help characterize the link between self-esteem and the romantic relationship: (1) Is self-esteem associated with the romantic relationship quality? (2) Do both partners' self-esteem contribute to the perception of the romantic relationship quality? (3) Does self-esteem predicts the development of the romantic relationship quality? Most studies had samples including 100 to 300 participants ($n = 28/46$) and evaluated cohabiting or married couples ($n = 18$) from the general population ($n = 16$) or from a population of college students ($n = 14$). For more details on the studies see Table 1 in Appendix.

As for the first question, the results indicated that a large majority of studies ($n = 37/47$) found a positive association between self-esteem and romantic quality. Therefore confirming the presence of a link between these two variables.

Regarding the second question, several studies addressed the role that each partner's self-esteem has on the individual perception of romantic quality. We focused on the ones using the actor-partner interdependence model (APIM; Kenny, 1996), which allows testing at the same time for the effect of self-esteem on one's own perception of romantic quality (*actor effect*) as well as on the partner's perception (*partner effect*). Actor and partner effects were evaluated in seven cross-sectional studies published in three articles (Erol & Orth, 2013; Neyer & Voigt, 2004; Robinson & Cameron, 2012). Six of the studies revealed significant actor and partner effects, with small to medium effect sizes (Erol & Orth, 2013; Robinson & Cameron, 2012). Erol and Orth (2013) showed that gender, age, and length of relationship did not moderate these results. Robinson and Cameron (2012) analyzed the processes through which both partners' self-esteem influenced romantic quality. It was found that merging both partners' self-esteem best predicted the level of romantic quality perceived as a couple (one measure of quality based on both members' individual perception). Thus, their findings supported what the authors called "the shared resource hypothesis." This hypothesis implies that the distribution of self-esteem between partners is of no importance, as long as the total level of self-esteem in the couple is sufficient to induce positive effects.

Regarding the third question, nine longitudinal studies reported for the direct long-term effect of self-esteem on romantic quality (Don & Mickelson, 2014; Erol & Orth, 2014; Fincham & Bradbury, 1993; Johnson & Galambos, 2014; Mund, Finn, Hagemeyer, Zimmermann, & Neyer, 2015; Murray et al., 1996; Orth et al., 2012; Schaffhuser, Wagner,

Ludtke & Allemand, 2014). Half of the studies had long time lags between the first and last measurement point (10 years and above), while it was shorter for the rest (between 1 and 2 years). In all nine studies, high self-esteem was significantly correlated with a more positive development of the romantic satisfaction. Additionally, regressions were significant in four of the eight studies; for both men and women (Erol & Orth, 2014; Mund et al., 2015; Orth et al., 2012), or only for men (Murray et al., 1996). The effect sizes were small or small to medium.

In order to test for the role of self-esteem as a cause or a consequence of romantic quality, Orth et al. (2012) evaluated both hypotheses and showed that self-esteem predicted the development of romantic quality, whereas the reverse did not lead to significant results. However, it should be noted that Mund et al. (2015) did find reciprocal effects.

Partner effects were evaluated in four longitudinal studies. In two of them, both men and women showed a slower decline in romantic quality when their partner had higher self-esteem (Mund et al., 2015; Murray et al., 1996). Again, the effect sizes were small to medium. The third study found no significant partner effects (Schaffhuser, Wagner, Lüdtkke, & Allemand, 2014). In the last study, Don and Mickelson (2014) conducted cluster analyses and indicated that women's self-esteem had an effect on men's affiliation to the different subgroups.

In their article Erol and Orth (2017) conducted two meta-analyses evaluating the effect of self-esteem on the romantic relationship. The first one concerned the cross-sectional actor and partner effects of self-esteem and was based on the five samples evaluated by Erol and Orth (2013). The findings indicated that self-esteem has a significant weighted mean actor effect of .26 (medium effect-size) and a significant weighted mean partner effect of .15 (small to medium effect-size). In their second meta-analysis, Erol and Orth (2017) evaluated the effect of self-esteem on the romantic relationship trajectory, based on two longitudinal samples retrieved from Erol and Orth (2014). The results indicated that both partners' self-esteem had a significant effect on the relationship quality's intercept (.29) and on its slope (.24).

In summary, the literature on self-esteem and romantic satisfaction clearly confirms that these two variables are associated. Both partners' self-esteem appear to contribute to the level of romantic quality, thus revealing interdependence between the

partners. Accordingly, self-esteem appears not only to be an individual resource but to be beneficial for both partners. Furthermore, evidence suggests that change in self-esteem is predictive of change in the development of the romantic relationship quality and this causal direction seems to be stronger, although some reciprocal effect could exist.

It should be noted that only three of the 47 studies exclusively sampled parents (Culp & Beach, 1998; Don & Mickelson, 2014; Frosch, Mangelsdorf, & McHale, 1998), therefore indicating a gap in the literature. Two of them were cross-sectional and reported for a significant correlation between self-esteem and romantic satisfaction (Culp & Beach, 1998; Frosch et al., 1998). The third one was longitudinal and although actor effects were not significant, mothers' low self-esteem appeared to predict a steeper decline in father's romantic relationship quality (Don & Mickelson, 2014). Accordingly, the present state of the literature seems to indicate that parents also benefit from high self-esteem. However, few is known, and some differences may exist. For example, mothers' self-esteem may have a more decisive role compared to fathers (Don & Mickelson, 2014), while this gender effect does not seem to appear when evaluating the general population (Mund et al., 2015).

2 Self-esteem and the Coparental Relationship Quality

To date, only two studies have evaluated the association between self-esteem and the coparental relationship quality (Frosch et al., 1998; Lindsey, Caldera, & Colwell, 2005). Both of them were cross-sectional and concerned parents of young children ($M < 2$ years).

Frosch et al. (1998) evaluated the quality of interaction in 104 couples through two observational tasks. In the first one, parents discussed the division of childcare. The correlational analyses indicated that when mothers or fathers had high self-esteem the family displayed more positive coparental interactions. Additionally, fathers' high self-esteem was associated with fewer negative coparental interactions between parents. In the second task, the whole family played freely for 5 minutes. Only one effect was significant, when fathers had high self-esteem the family displayed more positive coparental interactions.

Lindsey et al. (2005) evaluated the supportive (e.g., cooperating with the other parent) and intrusive coparenting behaviors (e.g., attracting the child's attention while s/he is playing with the other parent) of 60 couples during a triadic free play (mother, father, and child). The analyses were conducted separately: one model evaluating mothers' coparenting outcomes and another model evaluating fathers coparenting outcomes. The results indicated that when mothers had high self-esteem, they displayed further supportive coparental behaviors (small to medium effect size). Furthermore, fathers with high self-esteem appeared to display less intrusive coparental behaviors (medium effect size).

Although the results are scarce, they do indicate that high self-esteem is beneficial for the coparental relationship and that partner effects are found. It is also interesting to note that whereas Lindsey et al. (2005) evaluated the influence of self-esteem on one's own coparental behaviors, Frosch et al. (1998) chose to evaluate its influence on both parents, using a family-level variable. Thus, self-esteem was not only found to impact the individual's behavior but also the family's behavior. However, because of the absence of longitudinal studies some questions remain unanswered such as: does self-esteem affect the coparental relationship trajectory?

Chapter C ends the first part of this dissertation: the theoretical framework. It extended on the assumption that self-esteem is a relational variable by explaining its effects on the unit of analysis used in the present work, the parental couple. Next, the research that was conducted for this dissertation is presented.

Present research

In the theoretical framework, it was shown that the adventure of life is completely different for high versus low self-esteem individuals. High self-esteem individuals seem to experience life through a protective buffering material, which low self-esteem individuals are deprived from. In fact, they rather experience life as if sunburn covered their body. Not necessarily a severe burn, but something sufficiently unpleasant to be reminded of when one's moves are not made with caution. These differences seem to stem from the fact that self-esteem affects the cues we are sensitive to, the way we interpret them and the way we react to them (Murray et al., 2008). Thus, self-esteem modifies the lens through which one sees life.

The aim of this dissertation is to recognize and understand the contribution of self-esteem to the well-being of families. In order to attain this aim, two stages were set:

Stage 1: Review the current state of literature regarding the link between adult self-esteem and family variables. A large perspective was therefore adopted. Acknowledging what has already been done allows an overview of the field and might support the assumption that self-esteem represents an asset for the well-being of family members.

In order to complete stage 1, a literature review was conducted, reporting for the studies evaluating the associations between adult self-esteem, the coparental relationship, the parent-child relationship and a more general variable, the family functioning. The association between self-esteem and the romantic relationship was not forgotten but I relied on the findings of Erol and Orth (2017). This review was published and is reported in its entirety. It represents the first chapter of the results section (Article 1).

Stage 2: Deepen a specific aspect of the self-esteem/family field that has been neglected and could represent an add-on for researchers and health practitioners. The aspect that I chose to explore is the effect of self-esteem on the parental couple. This choice was made for several reasons, among which the results of stage 1.

The parental couple is a unique subsystem representing the family kernel around which the other relationships flourish. Although the links between self-esteem and the romantic relationship have been widely explored, strikingly few studies specifically analyzed couples of parents. Yet, this characteristic of the couple is not trivial. The coming of a child implies enduring changes regarding the individual: becoming a mother or a father means acquiring a new social role and new responsibilities that will last a lifetime. It also implies new preoccupations and new centers of interest. All of which undoubtedly affect the couple. Partners must also learn how to “co-parent” and might discover that they have drastically different conceptions of parenthood. In order to have a fine understanding of the role self-esteem may play in the parental couple, both the romantic and the coparental relationships should be explored. However, no study has analyzed simultaneously the effect of self-esteem on parents’ perception of their romantic and coparental relationships.

Beyond the scientific interest of filling these gaps, it should be reminded that the parental team has a unique role in the family system. Parents are the co-captains of the ship representing the family. It is their responsibility to make the journey safe and stimulating. Thus, acknowledging the resources on which they can rely should be profitable for each of the family members.

Accordingly, there are valuable reasons to try to fill in the gap concerning the link between self-esteem and the parental couple relationships. A final aspect that further supports the investigation of this research line is that constructs close to self-esteem were shown to affect those relationships. In particular, interesting results were found regarding attachment – which is significantly linked to self-esteem (Lecompte, Moss, Cyr, & Pascuzzo, 2014; Murray et al. 2000)– and the parental couple relationships. For example, Talbot, Baker, and McHale (2009) indicated that couples where both parents report a secure attachment are the ones with the higher level of coparental cohesion at 3 months postpartum. Schoppe-Sullivan, Settle, Lee, and Kamp Dush (2016) also showed that expecting parents with greater attachment anxiety and avoidance report lower dyadic adjustment, and perceive less coparenting support at 3 months postpartum. Furthermore, in families with a child between 8 and 11 years of age, Young, Riggs, and Kaminski (2017) found that higher attachment avoidance and anxiety predict lower romantic quality, which in turn predicts lower coparental quality. Thus, the romantic

quality seems to have a mediating role between attachment security and coparenting. These studies shed light on the presence of interesting results linking a field close to self-esteem, and the parental couple outcomes. Thus, it expands the reasons to believe that self-esteem may affect family relationships.

Deepening the understanding of the links between self-esteem and the parental couple was addressed in two empirical articles, through which three questions were investigated:

1. A first question concerns the nature of the resource self-esteem may represent for the parental couple. Does high self-esteem only benefits the individual or does the benefits spread to both parents? Said differently: is self-esteem an individual or a couple resource?
2. A second question concerns the power of this resource. Is self-esteem a sufficiently strong predictor of the romantic and coparental relationships to modify their expected trajectory?
3. The third question concerns the functional mechanisms of the parental couple. Through what paths are self-esteem, the romantic and coparental relationships connected to each other? Is self-esteem only directly connected to each of the parental couple relationships, or are there also indirect effects due to the spillover from the romantic relationship to the coparental one?

The focus of Article 2 was the type of resource self-esteem may represent for the parental couple (question 1). To explore this aspect, I collected a sample of 236 Swiss couples with at least one child below age 12. I also relied on the German Family Panel (PAIRFAM), which is an ongoing freely accessible dataset with several waves (Huinink et al., 2011). These two samples were used to evaluate the effect self-esteem has on one individual but also on its partner. The data was therefore used to test whether self-esteem is more than an individual asset. On a methodological perspective, actor and partner interdependence models (APIM) were used (Cook & Kenny, 2005). This choice was made as APIM were specially designed to consider interdependence between two partners and appropriately test for it.

In Article 3, the strength of the relationship linking self-esteem to the romantic and coparental relationship was tested (question 2). To that end, the longitudinal data collected in three waves of the PAIRFAM dataset was used. Here, sophisticated models,

called common fate growth models (CFGM) were used (Ledermann & Macho, 2014). They allow testing for the effect of a predictor on the growth of a couple-level outcome. Accordingly, they are particularly suited to test for the longitudinal effect of self-esteem on variables such as the romantic and coparental quality that are built by both the mother and the father.

Question 3 was tackled in both articles. Article 2 represented a first step in the understanding of the paths linking self-esteem to the parental couple relationships. Romantic quality was tested as a mediator between self-esteem and coparenting. As the romantic relationship represents the basis on which coparenting develops, it was hypothesized that romantic quality would spillover coparenting. A specific type of APIM –the actor and partner interdependence *mediation* model (APIMeM)– was used (Ledermann, Macho, & Kenny, 2011). In Article 3, the mechanisms linking the three variables of interest were further explored using longitudinal data. The aim was to evaluate the strength of the mediation effect as well as its causal direction. To that end, two CFGMs were explored and compared. In the first one, romantic quality was set as the mediator, while in the second one the coparental quality was the mediator.

Article 2 and 3 have both been submitted and reviewed, they are reported in their entirety and represent the chapter 2 and 3 of the results section, which will now be presented.

Results

The results section is divided in three chapters, each reporting for one of the articles that were elaborated to answer the aims of this dissertation. Article 1 is a literature review on self-esteem and family relationships. It represents an overview of the field by outlining what is known and what is still to be explored. The subsequent articles are empirical. Article 2 focuses on cross-sectional actor and partner effects of self-esteem on the parental couple relationships. Finally, Article 3 uses longitudinal data to evaluate the effects of parents' self-esteem on the trajectory of the romantic and coparental relationships.

The articles are reported in their entirety in order to preserve the structure of thoughts elaborated, and therefore allow a smooth reading. However, this implies that some redundancies may be found. In particular, the introduction sections necessarily report for previous literature, and some aspects are covered in the different articles. Furthermore, in Article 1 the section on self-esteem and coparenting is similar to that presented earlier, in the theoretical framework (p.90 and p.102-105).

Article 1: “Adult Self-Esteem and Family Relationships, A Literature Review”

The article was written by Nahema El Ghaziri and Joëlle Darwiche and published in 2018 by the Swiss Journal of Psychology.

Abstract

We conducted a literature review to examine the effects of self-esteem in the family context, selecting 40 studies exploring the associations between self-esteem, coparental relationship, parent-child relationship, and global family functioning. The research focused primarily on self-esteem and the parent-child relationship. The evidence indicates that parents with high self-esteem experience enhanced satisfaction with their children and exhibit more positive interactions with them. It was also found that parents' high self-esteem is associated with less physical abuse and child neglect. Studies focusing on coparenting and family functioning are still rare, and more evidence is needed to establish robust conclusions.

Keywords: self-esteem, coparental relationship, parent-child relationship, family functioning

Introduction

Researchers' interest in self-esteem started in the earliest days of psychology and has mainly concerned its association with individual outcomes (James, 1890; Mead, 1934). Recently, the investigation of the role of self-esteem in family relationships has received increased attention. In this review, we report on the advances and remaining gaps in our knowledge about the association between adult self-esteem and the quality of family relationships.

Self-esteem is one's global attitude (positive or negative) toward oneself (Rosenberg, 1965). It represents one's perceived relational value (Leary, 2005). Although some authors believe that the importance of self-esteem has been inflated (for a review, see Baumeister, Campbell, Krueger, & Vohs, 2005), empirical studies tend to confirm that it is beneficial to have a high level of self-esteem (e.g., Orth, Robins, & Widaman, 2012). Self-esteem appears to be equally important at all ages and influences factors such as mental and physical health, happiness, and academic and job achievements (Diener & Diener, 1995; Harter, 1993; Mann, Hosman, Schaalma, & de Vries, 2004; Markus & Herzog, 1991). It also appears to be a resource for relational outcomes: Individuals with high self-esteem tend to have more friends and social support, and they tend to be more satisfied with their relationships (Marshall, Parker, Ciarrochi, & Heaven, 2014; Neyer & Asendorpf, 2001; Stinson et al., 2008).

Self-Esteem, an Interpersonal Construct

Several theorists consider self-esteem an interpersonal construct (e.g., Ainsworth, 1989; Cooley, 1965; James, 1890). Among them, Rosenberg, whose self-esteem scale (1965) is widely used, and Leary and colleagues (Leary, 1990, 2005; Leary, Tambor, Terdal, & Downs, 1995), who developed a more recent theory, namely, the sociometer theory.

Rosenberg's perspective is based on the self-enhancement theory and considers self-esteem a "fundamental human motive" (Rosenberg, Schooler, Schoenbach, & Rosenberg, 1995, p. 145). Individuals aim at maintaining and enhancing a positive perception of themselves; failing to do so generates psychological distress. Rosenberg (1965) proposed that one builds a set of central self-values based on what one has learned to be worthy through experience and interactions with important individuals,

such as family members. Individuals with high self-esteem perceive themselves as matching those self-values: They are who they would like to be and have self-respect; they do not see themselves as superior to others, but simply acknowledge and accept their strengths and weaknesses. Also, accepting their weaknesses does not stop them from trying to improve, and they usually believe in their ability to succeed. Conversely, individuals with low self-esteem have a poor image of themselves, disliking what they see and wishing they were different. These perceptions have multiple repercussions on interactions. According to Rosenberg (1965), having a positive perception of oneself implies a positive perception of others; therefore, individuals with high self-esteem are predisposed to having positive social experiences and behaviors, whereas individuals with low self-esteem tend to perceive others as a threat and find it harder to interact appropriately. They are eager to be accepted by their peers, but they do not believe that they have the required qualities for that. This makes them more sensitive to criticism and enhances their tendency to adopt a façade to better fit in, thereby creating anxiety and impeding the development of intimacy with others.

According to the sociometer theory, humans strive for belongingness, and self-esteem serves as a gauge (Leary & Baumeister, 2000). When a person experiences rejection, self-esteem declines, which motivates the person to change his/her behavior to regain social acceptance. This theory implies that people do not seek self-esteem per se: They seek social recognition, and self-esteem serves as an indicator. The sociometer was initially created as a theory of state self-esteem, wherein changes depend on whether immediate social feedback indicates acceptance or rejection (Leary & Downs, 1995). However, the sociometer theory also concerns trait self-esteem (MacDonald & Leary, 2011). In this case, the level of self-esteem represents the resting position of the gauge. It reflects the level of acceptance the individual has experienced in the past and expects to experience in the future. Individuals with high self-esteem have experienced more social acceptance and feel that, in general, others value them. This perception allows behaviors that are advantageous for relationships, such as optimism and spontaneity (Mruk, 2006). On the other hand, repeated experiences of exclusion result in “overcautiousness,” and individuals for whom the resting point of the gauge is already low develop a high level of vigilance to ensure that it does not decrease further. Consequently, these individuals might have a more anxious character and might adopt

protective behaviors intended to limit the negative consequences of potential rejections, for example, being more pessimistic about others (MacDonald & Leary, 2011).

Self-Esteem and Family Relationships

Rosenberg's perspective (1965) and the sociometer theory (Leary et al., 1995) differ with respect to the role of self-esteem (a motive vs. an indicator). However, they agree on the fact that an individual's level of self-esteem is associated with distinctive perceptions and behaviors that affect relationships. In particular, both propose that individuals with high self-esteem are more optimistic. This feature is exhibited in the perception they have of themselves and of their capacities to achieve their goals (such as interacting with people). This feature also pertains to the perception they have of others and how accepting others will be toward them. In the family context, this could have multiple repercussions.

Regarding the parent-child relationship, feeling more optimistic about the capacity to positively interact with the child might encourage the nonprimary caregiver parent to get involved, thereby developing the bond with the child but also enhancing the support granted to the other parent. Additionally, this optimism might lower one's anxiety and, therefore, be helpful in adopting adequate educational behaviors, instead of feeling overwhelmed.

For couples, having a more positive perception of one's partner might enhance one's commitment to the relationship, and it might motivate one to resolve disagreements. Moreover, in the coparental relationship, if the mother and father have a more positive perception of each other, it might enhance their trust in each other, and it could be easier for them to allow the coparent to take care of the child. Accordingly, they might feel more supported. Furthermore, expecting more acceptance from one's partner and children might enhance the use of behaviors that increase intimacy, such as self-disclosure. These behaviors promote closeness, but tend to be avoided by individuals with low self-esteem because they can also lead to rejection (Murray, Derrick, Leder, & Holmes, 2008).

Accordingly, it is reasonable to think that parents' self-esteem affects family relationships. Additionally, because the family context is highly interdependent and subject to spillover effects (e.g., Holland & McElwain, 2013), it is likely that parents' self-esteem affects general family functioning.

Aim of the Review

In order to gain a comprehensive view of the association between adult self-esteem and family well-being, we considered the family subsystems that include the parents: the couple subsystem, the coparental subsystem, the parent-child subsystem, and the whole family system. The relationships between self-esteem and the couple subsystem have already been reviewed (Erol & Orth, 2017). The authors found three main results: (1) High self-esteem contributes to the positive development of couple satisfaction. (2) Self-esteem has partner effects, meaning that it not only affects the individual's happiness in the relationship but also his or her partner's happiness. (3) The partners' having similar levels of self-esteem does not affect the quality of the couple relationship. The authors concluded by stating that future research should explore the mechanisms underlying the effects of self-esteem (e.g., secure attachment style, positive perceived regard from one's partner).

The present paper aims to extend Erol and Orth's (2017) work by reviewing the studies focused on self-esteem and the other family relationships, namely, the coparental relationship, the parent-child relationship, and family functioning. The two reviews therefore complement each other and help us understand the links between adult self-esteem and a specific interactional context, namely, the family.

Method

We conducted a review of the literature using PsychINFO and MEDLINE, which resulted in the selection of 40 studies (Figure 1). Two articles were based on the same study, which is why the number of articles and studies are not equivalent in Figure 1. We searched for abstracts with the following search terms: self-esteem AND (parental alliance OR copar* OR parent-child relationship* OR involvement OR responsiveness OR parent* satisfaction OR parent* style* OR parent* engagement) OR maternal self-esteem OR paternal self-esteem OR parental self-esteem OR mother* self-esteem OR father* self-esteem.

The results were limited to articles in English-language journals published between January 1970 and May 2017. The inclusion criteria required that the studies report the direct association between global self-esteem, as defined by Rosenberg (1965), and one of the outcomes of interest (characteristics of the coparental

relationship, parent-child relationship, or family functioning). In 22 of the 40 studies, self-esteem was evaluated with the Rosenberg questionnaire (1965) using the complete scale or selected items. The remaining studies used different instruments evaluating global self-esteem. The measurement instruments used for the outcomes were heterogeneous and are systematically presented in the following sections. We use the term “association” and its synonyms (link, relationship) to report the results of both the correlation and regression analyses. As none of the studies were experimental, we avoid causal language. When regressions were carried out, we report the effect sizes. We considered the studies longitudinal when the outcome variable was

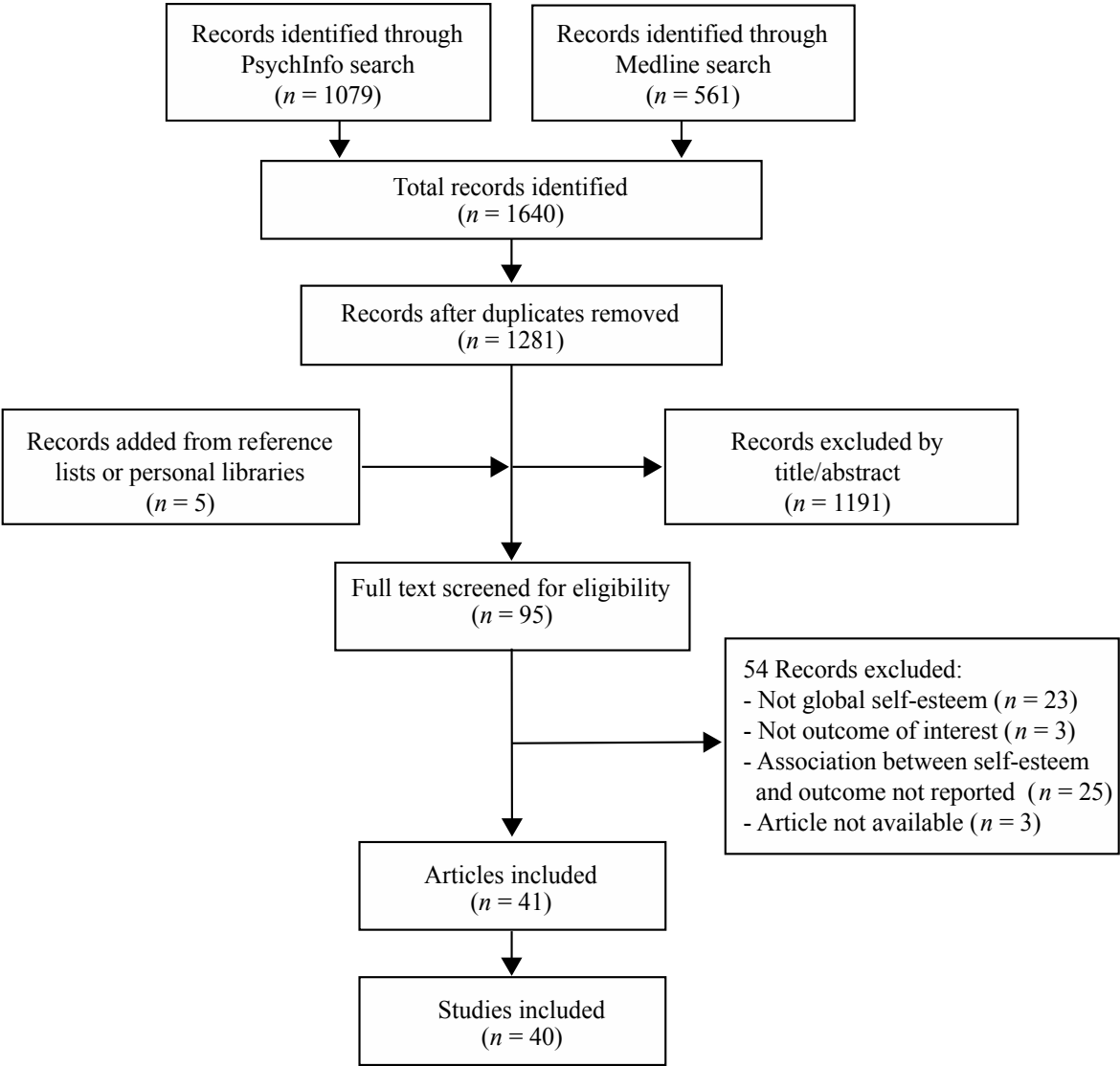


Figure 1. Flowchart of the records reviewed.

measured at least twice and when the study reported the results at the different measurement points or when it reported the effect of self-esteem on a change in the outcome. We classified the children's ages into five groups: infants ($Mage \leq 2$ years), preschoolers ($2 < Mage < 5$ years), primary-school age ($5 \leq Mage < 12$ years), adolescents ($12 \leq Mage < 19$ years), and young adults ($Mage = 21$).

Self-Esteem and the Coparental Relationship

Coparenting refers to the support and collaboration between parents in matters concerning the care and upbringing of a child (McHale & Irace, 2011). It has been described as a central aspect of family life which exerts unique effects on parenting and child development (Feinberg, 2003). Among others, competitive coparenting has been found to undermine the parent-child attachment relationship (Brown, Schoppe-Sullivan, Mangelsdorf, & Neff, 2010; Caldera & Lindsey, 2006), whereas high levels of coparenting support have been linked to fewer externalizing child behaviors (Schoppe, Mangelsdorf, & Frosch, 2001).

Characteristics of the Studies

Two studies examined the link between self-esteem and the coparental relationship (Table 1). They assessed the parents using observational tasks and reporting for cross-sectional results.

In Study 1, Frosch, Mangelsdorf, and McHale (1998) used two situations (a coparental discussion concerning the division of childcare and a family play session) to evaluate the quality of coparental interaction in 104 families. They evaluated the quality of coparental interaction on the basis of the presence of positive and negative cues (e.g., mutual exchange of positive affect; irritation or anger). For each task, the authors conducted a correlational analysis of each parent's self-esteem and the level of positivity and negativity displayed during the interactions.

In Study 2, Lindsey, Caldera, and Colwell (2005) evaluated the coparenting behaviors of 60 couples during a family play session. They assessed the presence of supportive coparental behaviors (e.g., acceptance of the other parent's lead in the play) and the presence of intrusive coparental behaviors (e.g., attempts to attract the child's attention away from the other parent). Using multiple regression analysis, the author

Table 1

Summary of the articles linking parents' self-esteem to the coparental relationship

Article	Sample size	Parents' <i>M</i> age; child's <i>M</i> age	Method and statistics	Instruments	Results
Frosch et al. (1998)	104 couples	31 years; 6 months	Observational; cross-sectional; correlation	Coparental discussion used for assessing the displayed positivity (1) negativity (2) Family play used for assessing the displayed positivity (3) negativity (4)	Fathers 1) $r = 0.32, p < .01$ 2) $r = -0.23, p < .05$ 3) $r = 0.28, p < .01$ 4) ns Mothers 1) $r = 0.21, p < .05$ 2) ns 3) ns 4) ns
Lindsey et al. (2005)	60 couples	31 years; 13.7 months	Observational; cross-sectional; multiple regression	Free play used for assessing supportive coparenting (1) intrusive coparenting (2)	Fathers 1) ns 2) $r = -0.24, p < .01$ Mothers 1) $r = 0.22, p < .05$ 2) ns

Note. ns = nonsignificant. *M* = mean

evaluated the link between each parent's self-esteem and his/her own supportive and intrusive coparental behaviors.

Results

In the first task of Study 1 (discussion on the division of child-care), Frosch et al. (1998) found that the couples displayed more positive coparental interaction when either the father or the mother had high self-esteem. Additionally, when the father had high self-esteem, the couple presented less negative coparental exchanges. In the second task (family play), the authors only found a significant association with paternal self-esteem: Higher paternal self-esteem was positively associated with the couple's engaging in a more positive coparental interaction.

In Study 2, Lindsey et al. (2005) found that high maternal self-esteem was associated with mothers' higher rate of supportive coparental behaviors (small-to-medium effect size), and high paternal self-esteem was associated with fathers' lower rate of intrusive coparental behaviors (medium effect size).

Discussion

These two studies illustrate the methodological choices that researchers must make when evaluating the link between an individual variable (self-esteem) and a relational outcome (coparental quality). First, they can choose to evaluate the relationship between self-esteem and one parent's own coparental behavior (e.g., Lindsey et al., 2005) or both parents' coparental behaviors, using a couple-level variable (e.g., Frosch et al., 1998). Second, they can assess coparental quality in the presence of the child (e.g., triadic play) or in the absence of the child (e.g., discussion between the parents), which might affect the results. Finally, they can measure numerous dimensions of the coparental relationship (e.g., collaboration in child rearing, sharing of positive affect, and disparagement). All of these measurement options complicate the comparison of results.

Nonetheless, we should point out that both studies reported a positive association between self-esteem and the quality of the coparental relationship. Both studies also reported different results with respect to parents' sex. This could indicate that self-esteem does not affect the same coparental aspects for mothers and fathers or that mothers and fathers do not coparent in the same way (Lindsey et al., 2005). These differences might be linked to social constructions. Although societies are changing

(Goldscheider, Bernhardt, & Lappegård, 2015), mothers still tend to be the primary caregivers of children (Raley, Bianchi, & Wang, 2012; Yavorsky, Kamp Dush, & Schoppe-Sullivan, 2015), and this imbalance between parents might influence the coparental relationship. For example, fathers' self-esteem might be especially helpful by making them more confident in their paternal abilities and, therefore, more engaged and supportive in the coparental relationship. Mothers' high self-esteem, on the other hand, might help them to adopt a more positive perception of the father, therefore giving him more space to explore his coparental role.

Future research should work on replicating the present results to strengthen the empirical support linking high self-esteem to a positive coparental relationship; they should also examine potential gender effects. Furthermore, future research should include studies focusing on older children as well as longitudinal studies because the dynamics may change as a function of the child's developmental stage (Mangelsdorf, Laxman, & Jessee, 2011). Additionally, both studies included in this section used observational tasks. It would be useful to augment them with studies using a self-report measure because perceptions and behavior may differ from each other.

Self-Esteem and the Parent-Child Relationship

The parent-child relationship refers to a multidimensional concept that evolves through time and is influenced by sex, age, and the personality of both parent and child (Cook, 2001). As proposed by Wenger and Fowers (2008), it is "generally characterized by great personal importance, a long-term commitment, and extensive personal investment" (p. 615).

Our literature review resulted in the identification of 37 studies (9 of which were part of a meta-analysis). Two studies included two independent samples (Aunola, Nurmi, Onatsu-Arvilommi, & Pulkkinen, 1999; James, Schumm, Kennedy, Grigsby, & Sheckman, 1985). Parents' self-esteem was studied in association with various aspects of the parent-child relationship: satisfaction (n studies = 6), involvement (n studies = 5), quality of interaction (n studies = 16), conflict (n studies = 2), discipline (n studies = 6), maltreatment (n studies = 11), and parenting style (n studies = 1). Some of the studies only investigated one aspect of the parent-child relationship, while others analyzed several of them.

Satisfaction

Characteristics of the studies

The association between self-esteem and satisfaction was evaluated in six studies across seven independent samples (Table 2). The samples ranged from 78 to 160 participants. Four samples only included mothers, while the other three samples evaluated parents of both sexes. The studies included parents of infants, preschoolers, and young adults. The variables were all assessed using questionnaires, and the studies reported cross-sectional results. Correlational analyses as well as multiple regressions and structural equation modeling (SEM) were conducted.

Some of the studies focused on satisfaction with the parental role (Barrett, Thompson, & Bentley, 2016; Hess, Papas, & Black, 2002), whereas other studies focused on satisfaction with the parent-child relationship (DeHart, Murray, Pelham, & Rose, 2003; Thompson & Walker, 2004; Wenger & Fowers, 2008). One study used a scale of global satisfaction that included items concerning the parental role, the parent-child relationship, and the child (James et al., 1985).

Results

All of the results were significant, and parent's low self-esteem was found to be negatively associated with satisfaction (Barrett et al., 2016). The regression analyses and SEM both showed small-to-medium effect sizes (DeHart et al., 2003; Hess et al., 2002; Thompson & Walker, 2004; Wenger & Fowers, 2008).

Comment

Low self-esteem was found to be linked to less satisfying parent-child relationships. Although mothers' self-esteem was more thoroughly explored than fathers' self-esteem, the fact that the studies differed with respect to the children's age groups (from infants to young adults) and the statistical methods used (correlation, regression, SEM) lends support to the validity of the finding.

This finding is consistent with Rosenberg's perspective (1965), which proposes that individuals with low self-esteem tend to be less positive about themselves and about their life experiences. If adopting the perspective of the sociometer theory, one could argue that this is in fact a defense mechanism implemented to minimize the negative consequences of a potential rejection (MacDonald & Leary, 2011)

Table 2

Summary of the articles linking parents' self-esteem to the parent-child relationship

Satisfaction					
Article	Sample size	Parents' <i>M</i> age; child's <i>M</i> age	Method and statistics	Instruments	Results
Barrett et al. (2016)	160 mothers	23.3 years; 9.4 months	Questionnaire; cross-sectional; correlation	Satisfaction with parental role: 9 items, Parenting Sense of Competence Scale (Johnston & Mash, 1989)	$r = 0.51, p < .001$
DeHart et al. (2003)	126 mothers	48.2 years; 21.1 years	Questionnaire; cross-sectional; SEM	Satisfaction with parent-child relationship: 4 items, (Murray et al., 1996)	$\beta = 0.34, p < .01$
Hess et al. (2002)	181 mothers	16.3 years; 6 months	Questionnaire; cross-sectional; multiple regression	Satisfaction with parental role: 9 items, Parenting Sense of Competence Scale (Johnston & Mash, 1989)	$\beta = 0.24, p < .05$
James et al. (1985)	Sample 1 84 mothers Sample 2 52 fathers; 85 mothers	Samples 1 and 2 > 20 years; -	Samples 1 and 2 Questionnaire; cross-sectional; correlation	Satisfaction with parental role, parent-child relationship and child: Samples 1 and 2: 3 items (ad hoc questionnaire)	Sample 1 $r = 0.23, p < .05$ Sample 2 $r = 0.55, p < .05$
Thompson and Walker (2004)	41 couples	Mothers 16.7 years; fathers 19.9 years; -	Questionnaire; cross-sectional; multiple regression	Satisfaction with parent-child relationship: 10 items, Satisfaction With Parenting Scale (Crnic & Greenberg, 1990)	Fathers $\beta = .38, p < .01$ Mothers $\beta = .37, p < .05$
Wenger and Fowers (2008)	17 fathers; 61 mothers	34 years; 3.5 years	Questionnaire; cross-sectional; multiple regression	Satisfaction with parent-child relationship: 10 items, Cleminshaw-Guidubaldi Scale (Guidubaldi & Cleminshaw, 1985)	$\beta = 0.30, p < .01$

Involvement					
Article	Sample size	Parents' <i>M</i> age; child's <i>M</i> age	Method and statistics	Instruments	Results
Caldera (2004)	60 fathers	32 years; 14 months	Questionnaire; cross-sectional; correlation	Time spent with the child: 20 items, Father Care-Taking Questionnaire (ad hock questionnaire)	ns
Collins et al. (2003)	117 fathers; 214 mothers	36 years; 8.3 years	Questionnaire; cross-sectional; ANOVA	Time spent with the child: 4 items (ad hock questionnaire)	$F(1, 330) = 15.59, p < .001$
Fagan (1998)	85 fathers	- ; 4.4 years	Questionnaire; cross-sectional; multiple regression	Interview adapted from Lamb's (1986) framework, to measure division of caregiving (1) ; accessibility (2) ; time spent in direct interaction (3) , play (4) , outings (5) , reading (6)	1) ns 2) ns 5) ns 6) ns 3) $\beta = 0.23, p < .01^*$ 4) $\beta = 0.27, p < .01^*$
Gaunt (2008)	209 couples	Fathers 33 years; mothers 30.2 years; child 19 months	Questionnaire; cross-sectional; correlation	Time spent with the child: (1) : 1 item (ad hock questionnaire) Division of caregiving (2) : 36 items (ad hock questionnaire)	<i>Actor effect</i> Mothers 1) ns <i>Partner effect</i> Fathers 1) ns 2) $r = 0.13, p < .05$
Volling and Belsky (1991)	119 fathers	28.7 years; birth	Questionnaire; longitudinal (SE last trimester of pregnancy, involvement at 3 and 9 months); multiple regression	Division of caregiving: 9 items (ad hock questionnaire)	ns

Interaction Quality

Article	Sample size	Parents' <i>M</i> age; child's <i>M</i> age	Method and statistics	Instruments	Results
Amankwaa et al. (2007)	23 mothers	- ; 1.5 months	Questionnaire; cross-sectional; correlation	Sensitivity: 22 items, Maternal Infant Responsiveness Instrument (Amankwaa et al. 2002)	$r = 0.58, p < .05$
Brody and Flor (1997)	156 mothers	27.6 years; 7.7 years	Observational; cross-sectional; correlation	Warmth and harmony: 3 structured interactions	Sons $r = 0.32, p < .01$ Daughters $r = 0.17, p < .05$
Caldera (2004)	60 mothers	30 years; 14 months	Observational; cross-sectional; correlation	Sensitivity: Structured mother-child interaction	ns
Diehl (1997)	36 mothers	16.1 years; 6.9 months	Observational; cross-sectional; correlation	Sensitivity: Structured mother-child interaction	ns
Drake et al. (2007)	180 mothers	28 years; 3 months	Questionnaire; cross-sectional; multiple regression	Sensitivity: 22 items, Maternal Infant Responsiveness Instrument (Amankwaa et al. 2002)	$\beta = 0.22, p < .01$
Fagan (1996)	33 fathers	- ; 3.9 years	Observational; cross-sectional; multiple regression	Free play to measure responsiveness (1) ; developmental appropriateness (2)	1) $\beta = 0.54, p < .01$ 2) $\beta = 0.40, p < .05$
Grimm-Thomas and Perry-Jenkins (1994)	59 fathers	39 years; 8 to 12 years	Questionnaire; cross-sectional; correlation	Warmth and support: 56 items, revised version of the Child's Report of Parental Behavior Inventory (Burger & Armentrout, 1971)	$r = .38, p < .01$
Hess et al. (2002)	181 mothers	16.3 years; 6 months	Observational; cross-sectional; multiple regression	Positive exchanges: Free play	ns
Kim and Wickrama (2014)	1,818 mothers	- ; 14.1 months	Questionnaire; cross-sectional; multiple regression	Positive exchanges: 6 items, Parenting Style Questionnaire (Bornstein et al. 1996)	$r = 0.41, p < .001$ $b = 0.50, p < .001$

Interaction Quality

Article	Sample size	Parents' <i>M</i> age; child's <i>M</i> age	Method and statistics	Instruments	Results
Laukkanen et al. (2014)	152 mothers	- ; 7.5 years	Questionnaire; cross-sectional; correlation	Warmth: 9 items, Block's Child Rearing Practices Report (Roberts et al. 1984)	$r = 0.37, p < .001$
Mastergeorge et al. (2014)	31 mothers	- ; 1.5 months	Observational; cross-sectional; correlation	Sensitivity: Structured mother-child interaction	ns
Schindler (2010)	538 fathers	- ; 5,9 years	Questionnaire; longitudinal (2 waves separated by 5 years); multiple regression	Positive exchanges: 4 items (ad-hock questionnaire)	SE at wave 1 and PE at wave 1: $r = 0.20, p < .01$; ns regression SE at wave 1 and PE at wave 2: $r = 0.17, p < .01$; ns regression SE at wave 2 and PE at wave 2: $r = 0.18, p < .01$; ns regression
Shapiro and Mangelsdorf (1994)	58 mothers	17.2 years; 11.4 months	Observational; cross-sectional; multiple regression	2 structured mother-child interactions and 1 free play to measure positive exchanges (1) ; negative exchanges (2)	1) ns 2) ns
Small (1988)	57 fathers; 82 mothers	Fathers 43.2 years; mothers 41.2 years; child 13.4 years	Questionnaire; cross-sectional; regression	Affection (1) : 7 items, (Savin-Williams & Small, 1986) Communication (2) : 4 items (ad-hock questionnaire)	1) ns 2) $\beta = 0.18, p = .05$
Taylor et al. (1997)	79 mothers	39.5 years; adolescent	Questionnaire; cross-sectional; SEM	Acceptance: 10 items, Child's Report of Parent Behavior Inventory (Schludermann & Schludermann, 1970)	$r = .46, p < .01$ $\beta = .46, p < .001$
Volling and Belsky (1991)	119 fathers	28.7 years; birth	Observational; longitudinal (SE last trimester of pregnancy, quality of interaction at 3 and 9 months); multiple regression	Positive exchanges: Naturalistic observation	Wave 1 $\beta = - 0.18, p < .05$ Wave 2 ns

Conflict					
Article	Sample size	Parents' <i>M</i> age; child's <i>M</i> age	Method and statistics	Instruments	Results
Small (1988)	57 fathers; 82 mothers	Fathers 43.2 years; mothers 41.2 years; child 13.4 years	Questionnaire; cross-sectional; regression	Frequency of conflicts: 1 item (ad-hock questionnaire)	ns
Steiger et al. (2015)	263 fathers; 309 mothers	- ; 14.9 years	Questionnaire; cross-sectional; correlation	Frequency of conflicts: 3 items (ad-hock questionnaire)	$r = -0.19, p < .01$
Discipline					
Article	Sample size	Parents' <i>M</i> age; child's <i>M</i> age	Method and statistics	Instruments	Results
Caldera (2004)	60 couples	Fathers 32 years; mothers 30 years; 14 months	Questionnaire; cross-sectional; correlation	Excessive behavioral control (1) : 22 items, revised Child Rearing Practices Report (Rickel & Biasatti, 1982) Adequate behavioral control (2) : 18 items, revised Child Rearing Practices Report (Rickel & Biasatti, 1982)	Fathers 1) ns 2) ns Mothers 1) ns 2) ns
Fagan (1996)	33 fathers	- ; 3.9 years	Observational; cross-sectional; multiple regression	Adequate behavioral control: Free play	$\beta = 0.48, p < .01$
Grimm-Thomas and Perry-Jenkins (1994)	59 fathers	39 years; 8 to 12 years	Questionnaire; cross-sectional; correlation	Psychological control (1) : 16 items, revised version of the Child's Report of Parental Behavior Inventory (Burger & Armentrout, 1971) Lax behavioral control (2) : 16 items, revised version of the Child's Report of Parental Behavior Inventory (Burger & Armentrout, 1971)	1) $r = -.31, p < .05$ 2) ns

Discipline					
Article	Sample size	Parents' <i>M</i> age; child's <i>M</i> age	Method and statistics	Instruments	Results
Laukkanen et al. (2014)	152 mothers	- ; 7.5 years	Questionnaire; cross-sectional; correlation	Psychological control (1) : 5 items, Block's Child Rearing Practices Report (Roberts et al. 1984) Excessive behavioral control (2) : 4 items, Block's Child Rearing Practices Report (Roberts et al. 1984)	1) $r = -0.19, p < .05$ 2) ns
Small (1988)	57 fathers; 82 mothers	Fathers 43.2 years; mothers 41.2 years; child 13.4 years	Questionnaire; cross-sectional; regression	Excessive behavioral control: 1 item (ad-hock questionnaire)	Fathers ns Mothers $\beta = -0.29, p < .05$
Taylor et al. (1997)	79 mothers	39.5 years; adolescent	Questionnaire; cross-sectional; SEM	Excessive behavioral control: 10 items, Child's Report of Parent Behavior Inventory (Schludermann & Schludermann, 1970)	$r = -.28, p < .05$ $\beta = -.25, p < .05$
Maltreatment					
Article	Sample size	Parents' <i>M</i> age; child's <i>M</i> age	Method and statistics	Identification of maltreatment/instrument	Results
Altemeier et al. (1982) ^{[11][SEP]}	<i>Abusive</i> 23 mothers; <i>non-Abusive</i> 1377 mothers	- ; 21 to 48 months	Questionnaire; cross-sectional; t-test	Physical abuse: records from protective services	$r = -.28, p < .001^{**}$
Anderson and Lauderdale (1982)	<i>Abusive</i> 111 parents; <i>non-Abusive</i> 626 parents	-	Questionnaire; cross-sectional; t-test	Physical abuse: records from protective services	$r = -.23, p < .001^{**}$

Maltreatment

Article	Sample size	Parents' <i>M</i> age; child's <i>M</i> age	Method and statistics	Identification of maltreatment/instrument	Results
Carothers et al. (2005)	91 mothers	17.1; prenatal	Questionnaire; cross-sectional; correlation	Potential for physical abuse: 25 items, Child Abuse Potential Inventory (Milner, 1986)	$r = -0.25, p < .05$
Christensen et al. (1994)	<i>Abusive</i> 29 mothers; <i>non-Abusive</i> 29 mothers	- ; 0 to 3 years	Questionnaire; cross-sectional; t-test	Physical abuse (1) and negligence (2) : records from protective services	1) ns** 2) $r = -.34, p < .05^{**}$
Culp et al. (1989)	<i>Abusive</i> 37 mothers; <i>non-Abusive</i> 37 mothers	22 years; 2.75 years	Questionnaire; cross-sectional; ANOVA	Physical abuse (1) and negligence (2) : records from protective services	1) $r = -.42, p < .01^{**}$ 2) $r = -.27, p < .05^{**}$
Disbrow et al. (1977)	<i>Abusive</i> 37 parents; <i>non-Abusive</i> 32 parents	-	Questionnaire; cross-sectional; correlation	Physical abuse (1) and negligence (2) : records from protective services	1) $r = -.40, p < .01^{**}$ 2) $r = -.29, p < .05^{**}$
Evans (1980)	<i>Abusive</i> 20 mothers; <i>non-Abusive</i> 20 mothers	<i>Abusive</i> 28.6 years; 6.1 years <i>Non-Abusive</i> 29.8 years; 7.6 years	Questionnaire; cross-sectional; MANCOVA	Physical abuse: records from protective services	$r = -0.53; p < .05$
Hamilton et al. (1987)	<i>Abusive</i> 29 parents; <i>non-Abusive</i> 70 parents	<i>Abusive</i> 28.9 years; -	Questionnaire; cross-sectional; MANOVA	Physical abuse: referred for therapy by social agencies or by the court system	$r = -.51, p < .001^{**}$
Lawson and Hays (1989)	<i>Abusive</i> 23 parents; <i>non-Abusive</i> 23 parents	-	Questionnaire; cross-sectional; ANOVA	Physical abuse: referred for therapy by social agency	ns**

Maltreatment					
Article	Sample size	Parents' <i>M</i> age; child's <i>M</i> age	Method and statistics	Identification of maltreatment/instrument	Results
Melnick and Hurley (1969)	<i>Abusive</i> 10 mothers; <i>non-Abusive</i> 10 mothers	<i>Abusive</i> 23.8 years; 0 to 3 years <i>Non-abusive</i> 25.6 years; 0 to 3 years	Questionnaire; cross-sectional; t-test	Physical abuse: referred for therapy by physicians	$r = -.48, p < .05^{**}$
Shorkey and Armendariz (1985)	<i>Abusive</i> 18 mothers; <i>non-Abusive</i> 18 mothers	29 years; -	Questionnaire; cross-sectional; MANOVA	Physical abuse: records from protective services	ns ^{**}
Parenting Style					
Article	Sample size	Parents' <i>M</i> age; child's <i>M</i> age	Method and statistics	Instruments	Results
Aunola et al. (1999)	Sample 1 54 fathers; 70 mothers Sample 2 114 fathers; 121 mothers	Sample 1 39.6 years; 6-7 years Sample 2 35-36 years; 6.33 years	Samples 1 and 2: Questionnaire; cross-sectional; SEM	Samples 1 and 2 Authoritative parenting (1): 13 items, Block's Child Rearing Practices Report (Roberts et al., 1984) Authoritarian parenting (2): 7 items, Block's Child Rearing Practices Report (Roberts et al., 1984)	Sample 1 1) $b = 0.37, p < .001$ 2) ns Sample 2 1) $b = 0.39, p < .001$ 2) ns

Note. For regressions, standardized coefficients were reported when possible (β), otherwise unstandardized coefficient were reported (b). SE = self-esteem. PE = positive exchanges. SEM = structural equation modeling. ANOVA = analysis of variance. MANCOVA = multivariate analysis of covariance. MANOVA = multivariate analysis of variance. ns = nonsignificant. *M* = mean.* In this study high scores on the self-esteem scale indicated a low self-esteem of the participant.** Results reported from Stith et al.'s (2009) analysis based on 11 articles.

Parental Involvement

Characteristics of the studies

The association between self-esteem and parental involvement was evaluated in five studies (Table 2). The samples comprised between 60 and 331 participants. Three samples only included fathers, and two samples included parents of both sexes. The studies evaluated parents of infants, preschoolers, and primary-school-aged children.

All of the studies used questionnaires. In the only study reporting longitudinal results (Volling & Belsky, 1991), the authors evaluated paternal self-esteem during the last trimester of pregnancy and paternal involvement when the child was 3 months old and 9 months old. In these studies, correlation analyses as well as multiple regressions and variance analyses were conducted.

These studies assessed parental involvement as defined by the amount of time spent with the child (e.g., time playing or reading a story; Caldera, 2004; Collins, Grella, & Hser, 2003; Fagan, 1998; Gaunt, 2008) and/or through the division of labor between parents (e.g., which parent usually helps the child dress; Caldera, 2004; Fagan, 1998; Gaunt, 2008; Volling & Belsky, 1991).

Results

Regarding the amount of time spent with the child, Collins et al. (2003) reported that fathers with high self-esteem were more involved. However, Caldera (2004) reported nonsignificant results. Similarly, Gaunt (2008) found that maternal self-esteem was not associated with the time mothers spent with their child, nor was it associated with the time fathers spent with their child (Gaunt, 2008). Fagan (1998) found significant negative as well as nonsignificant associations, depending on the task: Fathers with high self-esteem spent less time playing and directly interacting with their child (small-to-medium effect size), but their self-esteem was not related to their accessibility, the time they spent outside with the child, or the time they spent reading to the child.

The results concerning the link between parents' self-esteem and the division of labor showed that paternal self-esteem was not associated with this variable (Caldera, 2004; Fagan, 1998; Volling & Belsky, 1991). However, a partner effect was found:

Mother's high self-esteem was associated with father's higher level of engagement in caregiving (Gaunt, 2008).

Comment

The results are inconsistent, but mainly nonsignificant. A likely explanation is that other variables moderate these associations. For example, organizational constraints (e.g., employment percentage) may have an interactive effect. The child's age may also play a role: The only study reporting a positive result (Collins et al., 2003) concerned older children (primary-school age), but further research is needed to understand whether this result was indeed related to the child's age. Another aspect that might play a role is the mother's gatekeeping behaviors. Indeed, fathers' access to the child and therefore their involvement with the child might be impeded by these conducts.

Quality of the Parent-Child Interaction

Characteristics of the studies

Sixteen studies evaluated the association between parents' self-esteem and the quality of the parent-child relationship (Table 2). The samples ranged from 23 to 538 participants. Eleven samples assessed mothers, four assessed fathers, and one assessed parents of both sexes. The samples included families with infants, preschoolers, primary-school-aged children and adolescents.

In half of the studies, the participants completed questionnaires; in the other half, observational tasks were used. In seven studies, the quality of the parent-child interaction was evaluated during a freeplay session and/or a structured interaction, such as a teaching situation (Brody & Flor, 1997; Caldera, 2004; Diehl, 1997; Fagan, 1996; Hess et al., 2002; Mastergeorge, Paschall, Loeb, & Dixon, 2014; Shapiro & Mangelsdorf, 1994). One study assessed a naturalistic observation of father-child interactions during a home visit (Volling & Belsky, 1991).

Two studies had longitudinal results. In one, self-esteem was measured during pregnancy, and the quality of the relationship was measured 3 and 9 months after birth (Volling & Belsky, 1991). In the other, all of the variables were measured twice, with a time lag of 5 years (Schindler, 2010).

Almost half of the studies used correlational analysis, while the rest used multiple regression.

The studies evaluated several aspects of the parent-child relationship quality (e.g., sensitivity, positive exchanges, responsiveness). For clarity, these aspects are reported in the Results section below.

Results

In studies with infants ($n_{\text{studies}} = 9$), the results obtained through questionnaires were cross-sectional and significant: Higher self-esteem was associated with more maternal sensitivity (Amankwaa, Pickler, & Boonmee, 2007), and the effect size was small to medium (Drake, Humenick, Amankwaa, Younger, & Roux, 2007). Self-esteem also had a medium-to-large effect on the frequency of mothers' positive exchanges with the child (Kim & Wickrama, 2014).

Conversely, the results obtained through observational tasks were largely nonsignificant. Self-esteem was not associated with maternal sensitivity (Caldera, 2004; Diehl, 1997; Mastergeorge et al., 2014), frequency of positive interactions (Hess et al., 2002; Shapiro & Mangelsdorf, 1994), or frequency of negative interactions (Shapiro & Mangelsdorf, 1994). Volling and Belsky (1991) were the only researchers to find a significant result, and their work was also the only longitudinal study with infants: Fathers with high self-esteem were more affectionate, responsive, and stimulating with their 3-month-old child (small effect size). However, the association was no longer significant 6 months later.

In studies with preschoolers ($n_{\text{studies}} = 1$), Fagan (1996) found that during freeplay, fathers with high self-esteem were more responsive (large effect size) and more developmentally appropriate (medium-to-large effect size).

In studies with primary-school-aged children ($n_{\text{studies}} = 4$), the studies using questionnaires and reporting cross-sectional results showed that high self-esteem was associated with more support, warmth, and affection. This association was found for mothers (Laukkanen, Ojansuu, Tolvanen, Alatupa, & Aunola, 2014) and fathers (Grimm-Thomas & Perry-Jenkins, 1994; Schindler, 2010). Schindler (2010) also reported longitudinal results and found that paternal high self-esteem was positively associated with the quality of the father-child relationship 5 years later. However, the regression analyses were not significant.

One study used an observational design and reported cross-sectional results (Brody & Flor, 1997). Mother-child dyads were observed during three structured interactions. The results indicated that self-esteem was associated with more warmth and harmony in the dyad.

The studies with adolescents ($n_{\text{studies}} = 2$) used questionnaires and reported cross-sectional results. Parental self-esteem was associated with better communication skills on the part of both mothers and fathers, with a small effect size (Small, 1988).

Parental self-esteem was also positively associated with mothers' feelings of closeness to and acceptance of the child (as opposed to rejection), with a medium effect size (Taylor, Roberts, & Jacobson, 1997). However, self-esteem was not related to the expression of affection (Small, 1988).

Comment

The results indicate that self-esteem is associated with the quality of the parent-child relationship. Indeed, several positive associations were found within the different age groups. In studies with infants, methodology variance appears to have affected the results. Studies using questionnaires mainly had significant results, while the opposite was found for observational studies. This may indicate that the parents' perceptions of young children differ from their actual behaviors and should be verified through studies using both methodologies.

Conflict

Characteristics of the Studies

Two studies assessed the link between self-esteem and the frequency of parent-child conflicts (Table 2). The sample consisted of the mothers and fathers of adolescents ($n = 139$ and $n = 572$, respectively). Both studies used questionnaires and reported cross-sectional results. Correlations and regressions were conducted.

Results

Steiger, Fend, and Allemand (2014) showed that parents with low self-esteem perceived a higher frequency of heavy fighting, while Small (1988) found no significant results.

Comment

Too few studies have been conducted to determine whether self-esteem is linked with parent-child conflicts. Interestingly, in both studies, the authors also evaluated the child's perception. Their results showed that the parents' self-esteem was not associated with the frequency of fighting as reported by the adolescent. Thus, Steiger et al.'s (2014) finding was not confirmed by the children, which may suggest that parents with low self-esteem may be more sensitive to arguments, rather than experiencing more frequent conflicts with their adolescent child. This hypothesis would be coherent with the idea that individuals with low self-esteem are more affected by negative feedback, as proposed by Rosenberg (1965) and the sociometer theory (MacDonald & Leary, 2011).

Discipline

Characteristics of the Studies

Six studies were found to evaluate the association between self-esteem and disciplinary behaviors (Table 2). The samples included 33 to 152 participants. Two samples consisted of mothers, two samples consisted of fathers, and two samples included parents of both sexes. The parents of infants, primary-school-aged children, and adolescents were included in the samples.

All of the studies reported cross-sectional results, and all of them used questionnaires, except Fagan (1996), who evaluated disciplinary behaviors during a freeplay session. The studies used correlation analyses, regressions, or SEM.

The studies explored two different disciplinary aspects: level of behavioral control (i.e., being restrictive with the child, which when excessive, means interfering with his or her development of autonomy; Caldera, 2004; Fagan, 1996; Grimm-Thomas & Perry-Jenkins, 1994; Laukkanen et al., 2014; Small, 1988; Taylor et al., 1997) and use of psychological control (i.e., manipulating the child's emotional experience, e.g., by showing that the adult is disappointed with him or her; Grimm-Thomas & Perry-Jenkins, 1994; Laukkanen et al., 2014).

Results

In studies with infants ($n_{studies} = 1$), the results were not significant. Maternal and paternal self-esteem were not associated with behavioral control (Caldera, 2004).

In studies with primary-school-aged children ($n_{\text{studies}} = 3$), when measured using questionnaires, maternal (Laukkanen et al., 2014) and paternal (Grimm-Thomas & Perry-Jenkins, 1994) self-esteem was not associated with behavioral control. However, when measured using an observational task, fathers' high self-esteem appeared to be associated with an adequate level of behavioral control (medium-to-large effect size; Fagan, 1996).

Two studies evaluated psychological control using questionnaires (Grimm-Thomas & Perry-Jenkins, 1994; Laukkanen et al., 2014). The results indicated that mothers and fathers with high self-esteem are less prone to using psychological control.

In studies with adolescents ($n_{\text{studies}} = 2$), low maternal (but not paternal) self-esteem was associated with the use of excessive behavioral control (small-to-medium effect size; Small, 1988; Taylor et al. 1997).

Comment

The results regarding behavioral control are inconclusive and the comparison of studies was impeded by the methodological diversity found when studying this variable: Some researchers used scales focusing on adequate behavioral control, others used scales focusing on lax or excessive control, and all of the scales evaluated different behaviors.

As for the two studies of psychological control, both found a negative association with self-esteem (Grimm-Thomas & Perry-Jenkins, 1994; Laukkanen et al., 2014). Even though this result needs replication, it should be highlighted because psychological control was repeatedly found to be detrimental for the child's adjusted development (Kuppens, Laurent, Heyvaert, & Onghena, 2013).

Maltreatment

Characteristics of the Studies

The link between self-esteem and maltreatment was previously investigated in a meta-analysis of 11 studies (Stith et al., 2009). For the present review, two studies were excluded because they evaluated specific self-esteem and not global self-esteem. Two additional studies were found and reviewed (Carothers, Borkowski, Lefever, & Whitman, 2005; Evans, 1980; see Table 2).

The samples were comprised of 20 to 1,400 participants. Five of the 11 studies evaluated only mothers, while the remainder evaluated parents of both sexes. Parents of primary-school-aged children and parents of preschoolers or younger children were included in the samples.

All of the studies used questionnaires and reported cross-sectional results. Two of them tested correlations, while the remaining studies compared means.

Ten of the 11 studies sampled abusive parents who perpetrated negligence or physical maltreatment and were identified by child protective services (they were then compared to non-abusive parents). Carothers et al. (2005) evaluated the potential for child abuse.

Results

The nine studies included in the previous meta-analysis evaluated the relationship between parents' self-esteem and physical maltreatment. In six of them, positive associations were found between low self-esteem and physical maltreatment (Stith et al., 2009). The effect sizes were large (Culp, Culp, Soulis, & Letts, 1989; Hamilton, Stiles, Melowsky, & Beal, 1987; Melnick & Hurley, 1969) or small to medium (Altemeier, O'Connor, Vietze, Sandler, & Sherrod, 1982; Anderson & Lauderdale, 1982; Disbrow, Doerr, & Caulfield, 1977). Furthermore, Evans (1980) found that physically abusive mothers had significantly lower self-esteem compared to nonabusive mothers, and Carothers et al. (2005) found that lower maternal self-esteem was associated with a higher level of potential physical abuse. Three studies reported nonsignificant results (Christensen et al., 1994; Lawson & Hays, 1989; Shorkey & Armendariz, 1985).

Child neglect was explored in three studies of the previous meta-analysis, all of which found that child neglect was associated with low self-esteem. The effect sizes were medium to large (Christensen et al., 1994) or small to medium (Culp et al., 1989; Disbrow et al., 1977).

Comment

High self-esteem was found to be negatively associated with maltreatment, and this result was strongly supported for mothers. For fathers, the evidence was less straightforward because the studies including both parents did not consider sex and reported the results of the entire sample.

Although Stith et al.'s (2009) meta-analysis is relatively recent, the studies included were much older (1969–1994), indicating that the attention given to the role of self-esteem in parental maltreatment has declined over time. This is surprising given the significant results found and the critical impact of maltreatment on the child's life.

Violence is usually a means of last resort used only when individuals feel threatened or become overwhelmed with negative feelings that they are unable to regulate through other processes, such as mentalization (Garofalo, Holden, Zeigler-Hill, & Velotti, 2016). Individuals with low self-esteem are more sensitive to criticism (Brown, 2010), they feel more easily threatened by others (Izgiç, Akyüz, Dogan, & Kugu, 2004), and they experience negative affect more frequently and more strongly (MacDonald & Leary, 2011), all of which enhance the risk of perpetrating violent acts.

In the context of family relationships, children tend to confront their parents, and this behavior is part of their normative development (Koepeke & Denissen, 2012). However, for parents with low self-esteem, it might be particularly hard to cope with these types of behaviors, resulting in some cases in maltreatment through violence or neglect.

Parenting Style

Characteristics

One study with two independent samples analyzed the link between self-esteem and parenting style (Table 2). The samples included 124 and 234 parents, respectively, of both sexes. The target child was of primary school age. Cross-sectional results were obtained through questionnaires and analyzed using SEM (it is not clear whether the reported measures were standardized).

Parenting style was operationalized as the level of authoritative and authoritarian parenting. The former is characterized by the expression of affection and the presence of adequate behavioral control, while the latter is characterized by a more "dictatorial" attitude with little responsiveness.

Results

In both samples, high parental self-esteem was associated with greater use of authoritative parenting (Aunola et al., 1999). Self-esteem did not predict authoritarian parenting (although educational level did).

Comment

Studies on parenting style are scarce, but the results are consistent with the findings of previous sections: With primary-school-aged children, self-esteem appears to be associated with greater parental responsiveness and adequate behavioral control, attitudes that characterize authoritative parenting.

According to Aunola et al. (1999), there are two possible explanations for the association between self-esteem and parenting style. First, the association could be linked to the context in which the parents were raised. Authoritative families appear to raise children with high self-esteem (Milevsky, Schlechter, Netter, & Keehn, 2007; Raboteg-Saric & Sakic, 2014). Once they become parents, they might reproduce these behaviors with their own children. Another explanation, based on individual characteristics, is that parents with high self-esteem are more confident in their parenting skills, which may allow them to be more flexible and warm toward the child, thereby adopting an authoritative parenting attitude.

Discussion

The fact that we were able to identify 37 studies indicates that the association between self-esteem and parent-child relationship has been well researched. However, almost every study focused on a different aspect, and replications are needed to confirm the findings. Nevertheless, 30 studies reported at least one positive association. Therefore, self-esteem appears to be beneficial for the parent-child relationship by guiding parents toward adequate behaviors and helping them to avoid unadjusted behaviors. These results are true for both mothers and fathers, although most studies sampled mothers exclusively.

Most studies reported cross-sectional results. Thus, more longitudinal research is required to understand whether change in self-esteem affects the parent-child relationship. Additionally, partner effects were only investigated in one study, revealing a significant association between mothers' self-esteem and fathers' investment. Further research of this kind would offer a more thorough understanding of the association between self-esteem and family relationships.

Self-Esteem and Family Functioning

The family, as a whole, has its own way of functioning, which has a unique influence on family members and differs from the influences of the dyadic and triadic family relationships mentioned thus far (Davies, Cummings, & Winter, 2004; Shigeto, Mangelsdorf, & Brown, 2014).

Characteristics

One study (reported in two articles) addressed the link between parental self-esteem and family functioning (Table 3).

The two articles had different inclusion criteria, which led to different sample sizes. One study reported cross-sectional results (Thompson, Hiebert-Murphy, & Trute, 2013) and the other reported longitudinal results (Trute, Hiebert-Murphy, & Levine, 2007). The study included mothers and fathers of preschoolers (Study 1: $n_{\text{fathers}} = 61$ $n_{\text{mothers}} = 97$; Study 2: $n_{\text{fathers}} = 55$ $n_{\text{mothers}} = 103$). The parents were assessed at two time points separated by a year. Family functioning was measured using a questionnaire in which the parents reported on aspects such as family communication, affective expression in the family, and family values. Multiple regressions were used to analyze the data.

Results

The cross-sectional results indicated that high maternal self-esteem was associated with a more positive perception of family functioning (medium-to-large effect size). The association between paternal self-esteem and perception of family functioning was not significant. The longitudinal results indicated that both mothers and fathers with high initial self-esteem had a more positive perception of family functioning one year later (small-to-medium effect size).

Discussion

No conclusions can be drawn from this unique study. Nevertheless, the results tend to show that families with parents displaying high self-esteem have a more positive initial perception of family functioning and exhibit more positive development over time. Further investigation regarding this outcome would be particularly interesting because it could show that self-esteem is not only a resource for the

Table 3

Summary of the articles linking parents' self-esteem to family functioning

Article	Sample size	Parents' <i>M</i> age; child's <i>M</i> age	Method and statistics	Instruments	Results
Thompson et al. (2013)	61 fathers; 97 mothers	Fathers 37.6 years; mothers 33.7 years; child 3.6 years	Questionnaire; cross-sectional; multiple regression	50 items, The Family Assessment Measure III–Brief Form (Skinner et al., 1995)	Fathers ns Mothers $\beta = 0.42, p < .01$
Trute et al. (2007)	55 fathers; 103 mothers	Fathers 38 years; mothers 34 years; child 4.1 years	Questionnaire ; longitudinal (2 waves separated by 1 year); multiple regression	50 items, The Family Assessment Measure III–Brief Form (Skinner et al., 1995)	SE at wave 1 and family functioning at wave 2 Fathers $\beta = 0.35, p < .01$ Mothers $\beta = 0.37, p < .001$

Note. The two articles were based on the same study but had different inclusion criteria, which led to different sample sizes. For regressions, standardized coefficients were reported (β). SE = self-esteem. ns = nonsignificant. *M* = mean.

individual or the dyad but also for the whole family's functioning.

Finally, the present study used a questionnaire to assess family functioning, and it would be valuable to see whether parents' perceptions are reflected in family behaviors. Future studies could use an observational task to measure the association between parents' self-esteem and the quality of family interactions (e.g., Fivaz-Depeursinge, Lavanchy-Scaiola, & Favez, 2010).

Discussion and Future Directions

A total of 40 studies were reviewed; they were examined for associations between self-esteem and several aspects of three family relationships: the coparental relationship, the parent-child relationship, and the whole family functioning. Significant positive results were obtained in 33 of the 40 studies, and only one study reported a negative association (between self-esteem and paternal involvement). In the remaining studies, no association was found.

The parent-child relationship was the more thoroughly explored (37 studies), and three findings were particularly supported: (1) It was established that mothers and fathers with high self-esteem experience more satisfaction with their child. (2) Parents with high self-esteem display more positive behaviors when interacting with their child. (3) High self-esteem is associated with less maltreatment.

These results complement Erol and Orth's review (2017), which focused on the couple's relationship. As mentioned earlier, the authors found that individuals with high self-esteem perceive their couple relationship as more satisfying and that their partner feels likewise. Altogether, the results of both reviews underline the role of high self-esteem as a significant asset for family relationships. Accordingly, adults with high self-esteem appear to be partners and parents with resources who appreciate their relationships and adopt adequate behaviors. These results illustrate the theories presented earlier: Rosenberg's (1965) theory and the sociometer theory (MacDonald & Leary, 2011) both suggest that high vs. low self-esteem individuals do not perceive things the same way, do not act the same way, and, importantly, tend to consider others as a support vs. a threat.

Grasping the relational effects of self-esteem through empirical data is a vast project, and there is still much to discover. Our literature review showed that

researchers gave an uneven amount of attention to the different family subsystems. The parent-child relationship has been widely explored. However, a variety of outcomes were investigated (e.g., satisfaction, involvement, and conflict), and the samples were heterogeneous (e.g., different sample sizes and different child age groups). The coparental relationship and family functioning were explored less frequently, and studies including fathers as well as studies focusing on triadic aspects are still lacking. One of the reasons for this gap may be research feasibility: To only recruit one parent (traditionally, the mother) instead of both is less costly. Triadic research implies more enrollment difficulties as well as more sophisticated and time-consuming analyses, which might have a deterring effect on researchers.

Another deficiency is the underuse of analyses based on the actor-partner interdependence model (APIM; Kenny, Kashy, & Cook, 2006). The advantage of these analyses is that they investigate questions such as “Is the presence of a parent with high self-esteem associated with the other parent’s adequate coparenting, his or her satisfaction with the parent-child relationship, or even his or her responsiveness to the child?” A recently developed APIM framework (Ledermann, Rudaz, & Grob, 2017) also allows one to investigate questions on the effect of sex such as “Is the effect of self-esteem identical for mothers and fathers? Does it depend on the child’s sex?” Answering these questions would help sharpen our knowledge on the link between self-esteem, family, and child development.

The studies included in this review mainly concerned the parents of infants. None of the studies explored the association between parents’ self-esteem and parents’ relationship with their *adult* children. Western societies are aging, and the number of adult children providing care to their elderly parents is increasing. Coping with this role can be tough (Lin, Chen, & Li, 2013), and it would be interesting to identify whether parental (or even grandparental) self-esteem remains a resource later in life. We should also mention that, although the present review focused on parents’ self-esteem, the child’s self-esteem might be influential as well. For example, the detrimental consequences of a parent’s low self-esteem might be buffered if the child were still able to develop a positive self-perception.

Of the 40 studies included in this review, only three reported longitudinal results, and none had an experimental design. Future studies should explore the predictive effect of self-esteem on family relationships. This would help explain whether self-

esteem affects family relationships or vice versa. The present review investigated the former. However, reciprocal effects are also possible as was found regarding the dynamics linking self-esteem and the quality of the couple's relationship (Mund, Finn, Hagemeyer, Zimmermann, & Neyer, 2015).

This review had several limitations. A meta-analysis was not possible because of the small number and/or heterogeneity of studies linking self-esteem to the different outcomes. However, conducting such an investigation (e.g., of the association between self-esteem and satisfaction of the parent-child relationship) would enhance the accuracy and precision of the results. It would require consideration of the quality of the studies and the effect of the sample sizes, which was not the case in this review. Additionally, it could help clarify the impact of the child's age and the participants' background. Indeed, one question that was not explored in the present review was whether associations between self-esteem and family relationships are similar for individuals of different cultures or socioeconomic statuses. Another limitation is the high variability between the instruments used. Eligibility criteria were set for self-esteem but not for the outcomes, which sometimes limited the comparison of results (e.g., in the section on discipline). Finally, the present review was not spared from the file-drawer effect, that is, the lower likelihood that research with nonsignificant results will be published (Franco, Malhotra, & Simonovits, 2014). Only journal articles in English were reviewed; it is therefore possible that important studies were not included.

Conclusion

The present findings indicate that parents' self-esteem is an asset for the family, and this knowledge should be used to develop or refine efficient preventive and therapeutic interventions. The presence of individual and partner effects suggests that working on the enhancement of self-esteem may result in multiple positive changes for the person, the partner, and the relationships between the different members of the family.

The aim of this article was to provide an overview of the field. The findings confirmed the value of deepening the understanding of self-esteem as a family resource. Accordingly, the presence of multiple significant results was highlighted. However, it should be noted that almost all studies were cross-sectional, therefore forbidding causal conclusions. Moreover, in order to further specify the results, meta-analyses would be needed. It would produce precise estimates of the effect sizes, therefore preventing from the over- or the under-estimation of the effects.

It should also be noted that a mistake was spotted p.129: one of the studies did explore the link between parents' self-esteem and the felt satisfaction regarding their relationship with their adult child (DeHart et al., 2003).

In the next chapter, Article 2 represents a first step in trying to fill those gaps by analyzing cross-sectional data on self-esteem and the parental couple relationships, in two independent samples.

Article 2: “Importance of Self-Esteem for the Parental Couple: A Dyadic Approach”

The article was written by Nahema El Ghaziri, Joëlle Darwiche, Jean-Philippe Antonietti and Ulrich Orth. It is currently in the process of submission.

Abstract

Previous findings suggest that self-esteem is linked to the quality of the romantic relationship. Yet, few studies have focused on the parental couple and, to our knowledge, none of them has assessed simultaneously parents' perceptions of their romantic and coparental relationship. Using data from two independent samples ($N_{\text{couples}} = 2,313$; $N_{\text{couples}} = 236$), we evaluated actor-partner interdependence models to analyze the effects of self-esteem on both relationships of the parental couple. Results are in line with findings on the general population and indicate that parents with high self-esteem report higher romantic quality and so does their partner. Self-esteem also had actor and partner effects on negative coparenting. Parents with high self-esteem generally reported fewer conflicts about the child and fewer undermining behaviors. In contrast, the link between self-esteem and positive coparenting received little support. However, when mothers had high self-esteem, they engaged more frequently in positive coparental behaviors, such as including the father. In a final model examining the links between all three constructs, romantic relationship quality mediated the actor and partner effects of self-esteem on negative coparenting. The findings suggest that improving parents' self-esteem could be an important gateway for enhancing the functioning of families with romantic and coparental difficulties.

Keywords: self-esteem, parents, romantic quality, coparental quality, actor-partner interdependence model

Introduction

“To love others you must first love yourself.”

This quote from Buscaglia (1972, p.95) has become a common saying, but what does it imply for the couple and family functioning? Why is self-esteem so important for our relationships?

Self-esteem refers to the evaluation individuals make of their own worthiness (Rosenberg, 1965). A large body of research indicates that self-esteem is associated with the outcomes in several life domains such as physical and psychological health or academic and work achievements (e.g., Orth, Robins, & Widaman, 2012; Román, Cuestas, & Fenollar, 2008). Beyond individual outcomes, self-esteem also affects the ways in which people interact with others. For example, it has been shown that high self-esteem is associated with more expressivity and self-disclosure to one’s romantic partner (Gaucher et al., 2012; McCarthy, Wood, & Holmes, 2017). Furthermore, the meta-analyses by Cameron and Granger (2018) suggest that self-esteem has significant effects on interpersonal abilities. Accordingly, self-esteem seems to shape one’s relationships. The goal of the present study is to test for the resource high self-esteem may represent in a specific relational context: the parental couple.

The association between self-esteem and the romantic relationship is well documented (e.g., Murray, Griffin, Rose, & Bellavia, 2006). Results have highlighted the dyadic effects of self-esteem and the importance of considering both partners. Indeed, a meta-analysis supported that self-esteem has both actor and partner effects (Erol & Orth, 2017), meaning that it affects the individual’s romantic satisfaction (actor effect) but also the partner’s satisfaction (partner effect). Furthermore, according to Robinson and Cameron (2012), self-esteem should be considered as a shared resource. Indeed, the combination of both partners’ self-esteem might best explain the quality of the romantic relationship. Although the results of these studies seem quite robust, an important limitation is that they did not distinguish between couples of parents and non-parents.

Having a child fundamentally changes the couple system as it implies multiple transformations for the individual and for the couple. The transition to parenthood has been linked to normative changes in mothers’ self-esteem (Van Scheppingen, Denissen, Chung, Tambs, & Bleidorn, 2017), and has repeatedly been found to negatively affect the partners’ satisfaction with their relationship (e.g., Keizer & Schenk, 2012). Accordingly,

the effect of self-esteem may not be the same for this particular population. Furthermore, the parental couple is characterized by the fact that the partners are also engaged in another relationship, the coparental one, which refers to the way partners relate to each other in their parental role (Feinberg, 2003). Noticeably, no study yet has examined simultaneously the effect of self-esteem on partners' perception of both the romantic and coparental relationship between parents.

In a family, both the romantic and coparental relationships are uniquely related to the well-being of parents and children: romantic quality has been linked to parents' level of anxiety and depression (Pilkington, Whelan, & Milne, 2015), and supportive coparenting appears to be a source of psychological safety for parents (Schoppe-Sullivan, Settle, Lee, & Kamp Dush, 2016). Moreover, romantic quality appears to affect children's adjustment (Barletta & O'Mara, 2006). However, coparental quality likely is a more proximal predictor of children's well-being (Holland & McElwain, 2013), which has consistently been found to influence their socio-emotional development (Teubert & Pinquart, 2010). Thus, the parental couple has a central role for all family members and is a subsystem that should be studied in order to acquire a deeper understanding of why self-esteem represents a resource for family relationships.

The Parental Couple: A Romantic and a Coparental Relationship

The relevance of distinguishing between romantic and coparental relationships has both theoretical and empirical support. The romantic relationship only involves the two parents and concerns aspects such as love, sex, or finances (Minuchin, 1974). The coparental relationship, on the other hand, includes parents and children and refers to the ability of partners to work as a team in their parental role (McHale, 2007). Do they support, undermine, or compete with each other while raising their child? Furthermore, are they able to coordinate the various parenting tasks. Noticeably, positive and negative coparenting are two distinct variables, meaning that one parent may be simultaneously supportive and intrusive (Kuo, Volling, & Gonzalez, 2017).

Empirical findings indicate that distress at the romantic level is not synonymous with distress at the coparental level, and vice versa: a couple can have disagreements at one level but may be well-functioning at the other level (McHale, Kuersten-Hogan, Lauretti, & Rasmussen, 2000). Moreover, romantic and coparental quality do not necessarily have the same correlates, causes, and consequences (McHale, 1995). McHale

and Rasmussen (1998), for instance, have shown that coparenting has a unique effect on the child. Indeed, their results indicate that coparental quality predicts the child's adjustment even when controlling for marital quality. Unsurprisingly, analyses of construct validity confirm that romantic and coparental quality are two separate constructs (Van Egeren, 2004).

These results all indicate that the romantic and coparental quality cannot be deduced from one another. Consequently, both should be evaluated to ensure a thorough understanding of the parental couple functioning.

Although distinct, romantic and coparental relationships mutually affect each other. Indeed, coparental quality appears to be built on the basis of the coordination developed between partners in their romantic relationship. Previous findings have established that couples facing difficulties at the romantic level are more prone to adopt detrimental coparenting behaviors (McHale, 2007). Research also indicates that romantic quality has actor and partner effects on coparenting (e.g., Le, McDaniel, Leavitt, & Feinberg, 2016; Liu & Wu, 2016). Accordingly, romantic quality seems to have a spillover effect on coparenting, such that the quality of the former may influence the latter.

Self-Esteem and Social Bonds

Developing satisfying relationships with individuals with low self-esteem is hampered by the fact that they tend to have a clouded vision of life. Indeed, low self-esteem individuals are more pessimistic and tend to experience more negative emotions (MacDonald & Leary, 2011). Importantly, people's perception of their environment can lead to the adoption of self-verifying behaviors (Swann 2012). Accordingly, and because of their negativity, low self-esteem individuals have a tendency to behave in a way that impedes the development of satisfying relationships.

The risk regulation model proposes a theoretical explanation for the perceptions and thoughts that may lead high and low self-esteem individuals to adopt different behaviors in the context of family relationships (Murray, Holmes, MacDonald, & Ellsworth, 1998). This model proposes that feeling accepted by one's romantic partner is a prerequisite to the adoption of relationship-oriented behaviors, as opposed to self-protective behaviors (Murray et al., 2006).

Low self-esteem individuals lack confidence in their partner's love, and to be

more precise, they significantly underestimate their partner's love (Murray, Holmes, Griffin, Bellavia, & Rose, 2001). As a consequence, they take as few risks as possible and their motivation system is primarily guided by the goal of avoiding rejection. Furthermore, the detection of threats orientates them toward self-protective ends, eliciting behaviors such as withdrawal, which in turn erodes the quality of the relationship (Murray, Rose, Bellavia, Holmes, & Kusche, 2002). After a bad day, for instance, they will not seek reassurance from their partner. Instead, low self-esteem individuals tend to distance themselves by devaluing their partner and their relationship; a defense mechanism buffering the pain felt in case of further rejection (Murray et al., 1998).

Conversely, high self-esteem individuals have faith in their partner's love, which allows them to consider closeness and self-disclosure as appropriate strategies to overcome distress (McCarthy et al., 2017). High self-esteem individuals feel sufficiently secure to take risks and their actions are driven by the eagerness to enhance their feeling of belongingness. Consequently, threats will activate relationship-oriented goals: when facing a situation of potential rejection from their partner, they tend to reaffirm their trust in him/her and increase the displayed level of warmth (Murray et al., 2002). Consistent with these findings, previous studies repeatedly found that low self-esteem is associated with a less satisfying romantic relationship (for a review see Erol & Orth, 2017) and with a significant decrease of satisfaction across time (Orth et al., 2012).

The risk regulation model by Murray et al. (2006) can also be helpful in understanding the effects of self-esteem on the quality of coparenting. As for the romantic relationship, parents with low self-esteem may avoid seeking support from their partner because of fear of being rejected. After having a bad day with their child they might prefer not to ask for support, because having their partner minimizing the problem or simply refusing to help would be too hard to face. Consequently, they might not disclose the difficulties encountered with their child and hinder the coordination between parents. Furthermore, the lack of trust in the other's positive regard does not only concern one's partner: low self-esteem individuals also underestimate their child's love (DeHart, Murray, Pelham, & Rose, 2003). Parents with low self-esteem might fear that the child would prefer the other parent, which may guide them toward undermining and competitive coparental behaviors. For instance, they might override the rules set by the other parent to gain the child's love and appreciation.

To our knowledge, only two studies have examined the link between self-esteem and the coparental relationship. Their results indicate that parents with high self-esteem engage more frequently in positive coparental behaviors (e.g., supporting the other parent) and less frequently in negative coparental behaviors (e.g., competing for the child's attention; Frosch et al., 1998; Lindsey, Caldera, & Colwell, 2005).

Noticeably, the family system is defined by high levels of interdependency, where relationships are interconnected and spillover effects are not unusual. As aforementioned, although distinct, evidence suggests that the romantic and coparental relationships affect each other. For instance, it was shown that couples experiencing distress in their romantic relationship also tend to act in competitive ways with their child, revealing a low quality of coparental relationship (McHale, 2007). In view of these dynamics, the whole parental couple system should be considered to gain a comprehensive understanding of its functioning. Also, the paths through which self-esteem affects the parental couple relationships ought to be explored. Beyond its direct effect, self-esteem may also have an indirect effect on coparenting through the spillover of romantic quality. Thus, romantic quality may have a mediating role between self-esteem and the coparental relationship.

The Present Research

Due to the multiple consequences of experiencing distress at the romantic or at the coparental level it is important to have a clear understanding of the resources parents may rely on.

The current study fills a gap in the literature by exploring the effects of both parents' self-esteem on the romantic and coparental quality. To that end, we analyzed the interplay between partners by evaluating actor and partner effects in two independent samples. Based on previous results (Erol & Orth, 2017; Lindsey et al., 2005), we expected that self-esteem would have actor and partner effects on the quality of the romantic relationship (Hypothesis 1), on negative coparenting (Hypothesis 2a) and on positive coparenting (Hypothesis 2b). Finally, we explored the links between the three variables simultaneously by evaluating a mediation mechanism: we expected the romantic quality to mediate the actor and partner effects of self-esteem on coparental quality (Hypothesis 3).

Filling these gaps will allow an advanced understanding of the parental couple

functioning, which is helpful for both researchers and health professionals. This study aims to untangle the links between an individual variable (self-esteem) and relational outcomes (romantic and coparental quality) in a specific context that has been mostly ignored in previous research (the parental couple). For health practitioners, understanding those links may represent new working avenues for interventions aimed at helping distressed families.

Method

Study 1

Participants

The sample was composed of 2,313 couples. The data came from the German Family Panel *pairfam*, release 6.0 (Brüderl et al., 2015), which is described in Huinink et al. (2011) and is freely accessible for the scientific community (<http://www.pairfam.de/en/data/>). Participants' data was gathered through interviews. We explored Wave 2, which was the first wave that included the three variables of interest and was collected between 2009 and 2010. The couples selected were heterosexual, had at least one child, and the family lived together. The age of the mothers ranged from 17 to 47 years old ($M_{years} = 33.91$, $SD_{years} = 4.76$). That of fathers ranged from 18 to 69 years old ($M_{years} = 36.80$, $SD_{years} = 5.52$). The younger child's age ranged from less than a year to 19.5 years ($M_{years} = 4.70$, $SD_{years} = 3.68$). A large majority of the couples were married (87.5%) and on average, they had been together for 12.2 years. Regarding their socioeconomic status, the average household net income was 2,913 € per month ($SD = 1,857$).

Measures

Self-esteem. Three items derived from the Rosenberg Scale (Rosenberg, 1965) were used to evaluate the self-esteem of each parent. In one of them, the wording proposed by Rosenberg was maintained (*On the whole, I am satisfied with myself*), while in the other two, the meaning was kept but the wording was simplified (*I like myself just the way I am*, and *I feel worthless at times*). A 5-point Likert-type scale (1=*not at all*, 5=*absolutely*) was used and the scores of the negative item were reversed. The alpha reliability was .75 for mothers and .71 for fathers.

Romantic relationship quality. The Network of Relationships Inventory (adapted version; Furman & Buhrmester, 1985) was used to evaluate the quality of the romantic

relationship as perceived by each parent. It comprised four subscales: intimacy (e.g., frequency of *Telling partner what you are thinking*), esteem (e.g., frequency of *Partner expresses recognition for what you've done*), dominance (e.g., frequency of *Partner makes you do things his/her way*), and conflict (e.g., frequency of being *Annoyed or angry with each other*). Each subscale was composed of two items. Responses were measured using a 5-point Likert scale (1=*never*, 5=*always*). For the analyses the negative items were reverse-scored. The alpha reliability across all eight items was .75 for mothers and .73 for fathers.

Coparenting. Three items adapted from the Parent Problem Checklist (Dadds & Powell, 1991) were used to evaluate the coparenting quality of each parent. The items were: how often do you experience *Differences of opinion regarding caring and parenting issues*; how often do *Discussions regarding caring and parenting issues end in fights*; and how often *One parent disregards rules set by the other*. Therefore, only negative coparenting was measured. Responses were measured using a 5-point Likert scale (1=*never*, 5=*very often*). The alpha reliability was .81 for mothers and .79 for fathers.

Study 2

Participants

The sample consisted of 236 heterosexual couples who lived together and had at least one child. It was collected in the French part of Switzerland, between November 2014 and November 2016. Participants were mainly reached through flyers distributed in kindergartens and were asked to fill in a paper-pencil or an online questionnaire. Partners were specifically asked to complete the questionnaire on their own and not to consult each other. The sample size was based on the number of couples wherein both partners participated in the study. Although the data are not in open-access, as they are being used in ongoing studies, relevant data are available upon request from N. El Ghaziri.

Mothers' ages ranged from 25 to 46 years ($M_{years} = 35.9$, $SD_{years} = 4.23$). Fathers' ages ranged from 24 to 66 years ($M_{years} = 38.19$, $SD_{years} = 5.60$). The younger child's age ranged from less than a year to 12 years ($M_{years} = 3.17$, $SD_{years} = 2.34$). A large majority of the couples were married (77.2%) and on average they had been together for seven years. Of the participants, 69% of the mothers and 63% of the fathers had completed a college degree.

Measures

Self-esteem. The Rosenberg Scale (1965) was used to evaluate the self-esteem of each parent. The questionnaire is composed of 10 items (e.g., *At times I feel that I am no good at all; I am able to do things as well as most other people*) and parents filled in 5-point Likert-type scales (1=not at all, 5=absolutely). The alpha reliability was .83 for mothers and .86 for fathers.

Romantic relationship quality. The Dyadic Adjustment Scale (DAS; Spanier, 1976) was used to evaluate the quality of the romantic relationship, as perceived by each parent. The questionnaire comprises 32 items evaluating consensus, satisfaction, cohesion, and expression of affection (e.g., extent of agreement between parents regarding *leisure time interests and activities* and *ways of handling family finances*). Response options vary, with the items being rated on three different *Likert-type scales*. The alpha reliability was .91 for mothers and .91 for fathers.

Coparenting quality. The Coparental Scale was used to evaluate the coparenting quality of each parent (McHale, 1997). It is composed of 11 items. The frequency of behaviors was measured through a 7-point Likert-type scale (1= *absolutely never*, 7=*almost constantly -at least once an hour*). The items were divided into two subscales: negative and positive coparenting. Negative coparenting was evaluated through five items measuring conflict (e.g., *How often in a typical week -when all 3 of you are together- do you argue with your partner regarding something the child has done?*) and disparagement (e.g., *How often in a typical week -when you are alone with your child- do you find yourself saying something clearly negative or disparaging about your partner to your child?*). Positive coparenting was evaluated through six items measuring affection (e.g., *How often in a typical week -when all 3 of you are together- do you show physical affection to your child?*) and family integrity (*How often in a typical week -when all 3 of you are together- do you say or do something to invite, facilitate, or promote an affectionate or pleasant interchange between your partner and this child*). For mothers, the alpha reliability of positive and negative coparenting was respectively .74 and .75. For fathers, the alpha reliability of positive and negative coparenting was respectively .80 and .75.

Statistical Analyses

The analyses were conducted using the open source R (R development Core Team, 2016). Missing values were handled using maximum likelihood estimation. In the first sample, 14.3% of the mothers data and 28.5% of the fathers data was missing. In the second sample, 0.4% of mothers data and 1.0% of fathers data was missing.

The first step was to analyze the actor and partner interdependence models (APIM; Kenny & Cook, 1999) using manifest variables and robust structural equation modeling through the lavaan package (Rosseel, 2011). The dyads were heterosexual and therefore treated as distinguishable. Accordingly, the model fits could not be estimated (distinguishable APIM models are saturated, i.e., they have zero degrees of freedom).

The second step was to analyze an actor and partner interdependence mediation model (APIMeM; Ledermann & Kenny, 2012). This model is similar to the APIM because it includes two actor and two partner effects. However, its specificity lies in the fact that it also includes two mediator variables (one for mothers and one for fathers). Each of the four actor and partner effects can be mediated by the two mediators. Consequently, there are eight possible indirect effects. To evaluate the significance of the indirect effects, we estimated the bias-corrected bootstrap of 95% confidence intervals for the unstandardized effects. The confidence intervals were based on 1000 bootstrap samples. Considering the complexity of the APIMeM, it was only evaluated in the first sample, which was large enough to assure sufficient power and thus reliability of results.

In order to ensure that romantic and coparental quality were distinct constructs, (i.e., capturing unique aspects of the parental couple), we calculated their discriminant validity. To that end, we used the heterotrait-monotrait ratio of correlations (HTMT; Henseler, Ringle, & Sarstedt, 2015). Heterotrait correlations evaluate the relationship between items of different constructs, while monotrait correlations evaluate the relationship between items of the same construct. HTMT quantifies the difference between the averages of these two types of correlations. The smaller it is, the more the items of the same construct are related to one another and unrelated to the items of the other construct. In both studies, for mothers and fathers, the results confirmed that romantic and coparental quality were distinct constructs. Indeed, the HTMTs were all below 0.85, as recommended by Kline (2015). In Study 1, HTMT was 0.57 for mothers and 0.50 for fathers; in Study 2, HTMT was 0.66 for mothers and 0.58 for fathers. In

Study 2, positive and negative coparenting were also found to be different constructs (for mothers HTMT = 0.23 and for fathers HTMT = 0.16).

We tested for the moderating effects of three variables: age of the parents (averaged between both parents), age of the child, and duration of the relationship. To that end, we used multiple-group models. In constructing these groups, we chose cutoff values that were identical across studies and relatively close to the median values in both studies. For the parents' age, the cutoff was 35 years; for the child's age, the cutoff was 3 years; and for the duration of the relationship, the cutoff was 10 years. We then tested whether constraining the actor and partner effects to be equal across groups would significantly worsen model fit.

The syntax for the analyses can be accessed via the subsequent link: https://osf.io/rzs24/?view_only=61c8a65a53184471927ed7d7d5232a4e.

Results

Preliminary Analyses

In both samples, zero-order correlations indicated that partners had some similarities with each other regarding their level of self-esteem, romantic quality, and coparental quality (see Tables 1 and 2 in Appendix). The results also showed that mothers and fathers with high self-esteem reported enhanced romantic quality, less negative coparenting, and more positive coparenting, compared to parents with low self-esteem. Additionally, having a partner with high self-esteem was also associated with the individual's greater perception of romantic quality and a lower level of negative coparenting. However, it was not linked to positive coparenting.

Actor and Partner Effects of Self-Esteem on the Quality of the Romantic Relationship

Study 1

All actor and partner effects were significant (Figure 1). Mothers with high self-esteem reported a higher romantic quality ($\beta = .35, p < .001$) and so did their partner ($\beta = .19, p < .001$). Similarly, fathers' self-esteem affected both their own perception of romantic quality ($\beta = .23, p < .001$) and the perception of their partner ($\beta = .11, p < .001$). The parents' age, the child's age and the duration of the relationship did not moderate the results.

Study 2

Again, all actor and partner effects of self-esteem were significant (Figure 1). When mothers displayed high self-esteem, they perceived higher romantic quality ($\beta = .35, p < .001$) and so did their partner ($\beta = .21, p < .001$). Similarly, high self-esteem fathers perceived higher romantic quality ($\beta = .31, p < .001$) and so did their partner ($\beta = .12, p = .023$). Parents' and child's age did not moderate these effects but the duration of the relationship did. The results mentioned above corresponded to couples that had been together for less than 10 years. However, in couples that had been together for 10 years or more, one of the partner effects was no longer significant: fathers' self-esteem did not affect mothers' perception of romantic quality ($\beta = .08, p = .328$).

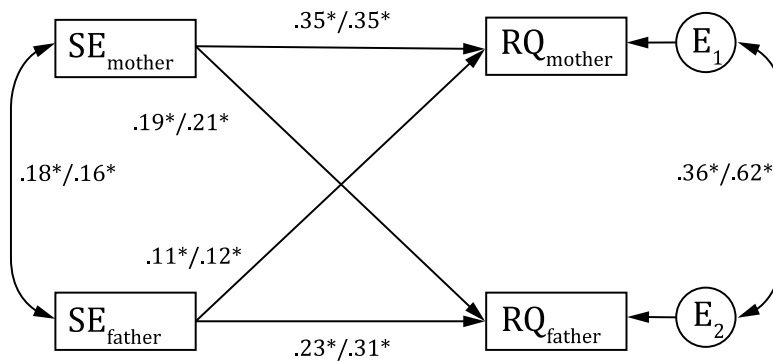


Figure 1. Actor-partner interdependence model of self-esteem (SE) on romantic quality (RQ). Results of Study 1 are displayed before the / and results of study 2 are displayed after it. Standardized estimates are reported. * $p < .05$.

Actor and Partner Effects of Self-Esteem on the Quality of the Coparental Relationship

Study 1

Only negative coparenting was evaluated in this sample and self-esteem had significant actor and partner effects (Figure 2). When mothers had high self-esteem they reported less negative coparenting ($\beta = -.23, p < .001$) and so did their partner ($\beta = -.17, p < .001$). Similarly, when fathers had high self-esteem they reported less negative coparenting ($\beta = -.18, p < .001$) and so did their partner ($\beta = -.09, p = .001$). The parents' and the child's age did not moderate the results, nor did the duration of the relationship.

Study 2

In this sample, negative and positive coparenting were evaluated. The analysis on negative coparenting showed actor effects for both parents (Figure 2). Mothers and fathers with high self-esteem reported less negative coparenting (for mothers, $\beta = -.14$, $p = .028$, and for fathers, $\beta = -.23$, $p = .001$). However, only one partner effect was significant: when fathers had high self-esteem, mothers reported less negative coparenting ($\beta = -.21$, $p = .002$). The moderators did not affect those results.

For positive coparenting, only mothers' actor effect was significant. When they had high self-esteem, they reported engaging more frequently in positive coparental behaviors ($\beta = .25$, $p < .001$). The moderators did not significantly affect the results.

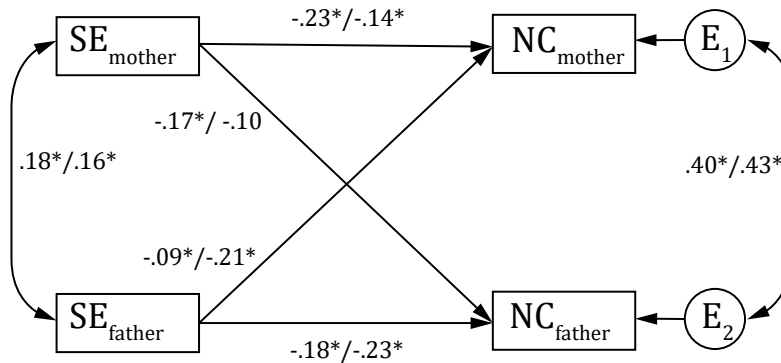


Figure 2. Actor-partner interdependence model of self-esteem (SE) on negative coparenting (NC). Results of Study 1 are displayed before the / and results of study 2 are displayed after it. Standardized estimates are reported. * $p < .05$.

Romantic Relationship Quality: A Mediator of the Actor and Partner Effects of Self-Esteem on Coparenting Quality?

The mediating effect of the romantic relationship quality was tested in Study 1. Mothers' and fathers' romantic quality were significant mediators (Figure 3). Indeed, the bootstrap intervals showed that all total indirect effects were significant (see Table 3 in Appendix). Mothers' actor effect was mediated only by their own romantic quality (58.7% of the total effect), while fathers' actor effect was mediated by their own (39.4%) and by their partner's (6.1%) romantic quality. Mothers' partner effect was fully mediated by their own romantic quality (50%). Finally, fathers' partner effect was mediated by their own romantic quality and by their partner's romantic quality (corresponding to 35.8% and 19.4%, respectively, of the total effect). All direct effects

remained significant with the exception of one. Mothers' partner effect was no longer significant. The moderators did not affect the results.

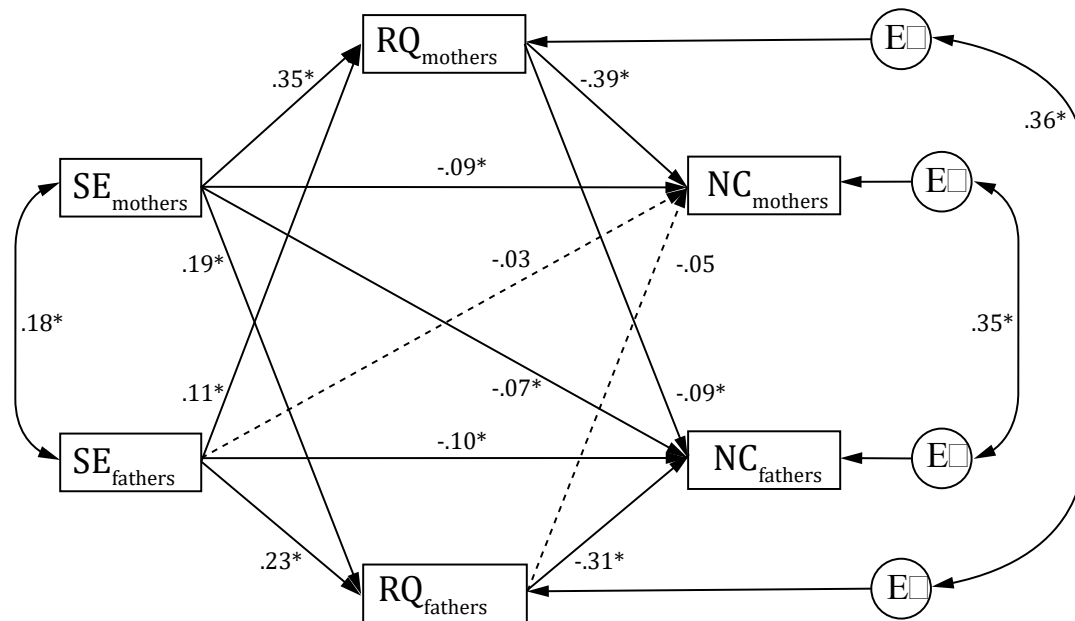


Figure 3. Actor-partner interdependence mediation model of self-esteem (SE) on negative coparenting (NC), with romantic quality (RQ) as mediator. Standardized estimates are reported. * $p < .05$.

Discussion

This article aimed at gaining a better understanding of the role of high self-esteem for family relationships, focusing on the parental couple. To that end, actor and partner effects were evaluated in two independent samples.

Regarding our first hypothesis, the results are in line with previous findings on the general population (Erol & Orth, 2017) and indicate that high self-esteem is a resource for the romantic relationship of parents as well. As expected, high self-esteem was associated with a higher quality of the romantic relationship (Samples 1 and 2). The size of the actor effects was close to .3, corresponding to a medium effect size (Cohen, 1988). Partner effects were also found in both samples, indicating that an individual's self-esteem affects both members of the parental couple. However, the size of the partner effects was lower ($\beta = .15$ on average), indicating a small effect size.

Another contribution of the present article was to evaluate the effects of self-esteem on coparenting quality. We expected self-esteem to have actor and partner

effects on negative coparenting (Hypothesis 2a) and on positive coparenting (Hypothesis 2b). Concerning Hypothesis 2a, the results indicate that in both samples self-esteem had significant actor effects on negative coparenting. Parents with high self-esteem reported less coparental conflict and displayed less negative coparental behaviors such as dismissing the other parent. In Sample 1, both partner effects were significant, whereas in Sample 2 only mothers' negative coparenting was affected by their partner's self-esteem (mothers' partner effect). Both actor and partner effects had small to medium effect sizes (β s ranged from $-.09$ to $-.23$). As for Hypothesis 2b (evaluated in Sample 2), only one effect was significant. High self-esteem mothers reported engaging more frequently in positive coparental behaviors, such as cooperation and support (small to medium effect size, $\beta = .25$). Conversely to our expectations, all other effects were nonsignificant.

The knowledge regarding the effects of self-esteem on coparenting is still scarce. However, the present study confirms previous findings (Frosch et al., 1998; Lindsey et al., 2005) and indicates that self-esteem is particularly useful to inhibit negative coparental behaviors. As for other relationships, parents with low self-esteem might feel less accepted by their partner (Murray et al., 2001) and be more sensitive to criticism or to a partner's bad mood, thereby enhancing the risks of conflicts related to the child.

The fact that mothers' self-esteem affected fathers' negative coparenting in Sample 1 but not in Sample 2 should be taken with caution, as the effect-sizes were close. Nevertheless, the non-significance of sample 2 could have several explanations. It could be a consequence of methodological differences. Indeed, the studies used different instruments to evaluate negative coparenting. Although both instruments evaluated conflict, in sample 2 the questionnaire also included items on disparagement, which may have affected the results. The discrepancy between the two samples could also illustrate cultural variance. Sample 1 was collected in Germany, while Sample 2 was collected in Switzerland. These two countries are similar in several aspects. However, gender equality is more supported in Germany, which displays a smaller gender gap compared to Switzerland (World Economic Forum, 2017). Indeed, Germany is ranked as the 12th country (among 144), while Switzerland is at the 21st place. Fathers' representation of the mother might not be the same in both countries. Swiss fathers might have a more traditional perception of mothers, considering them as the child's expert regardless of the mothers' feelings. As a consequence, mothers' self-esteem might not affect fathers'

coparental behaviors and they might have a higher tendency to conform to mothers' opinion. In line with this assumption, a recent study on Swiss families indicates that partners seem to adopt a more traditional functioning after the transition to parenthood; mothers usually taking in charge most of the duties related to the child (Benardi, Ryser, & Le Goff, 2013). To further understand this difference between the two samples, it would be valuable to evaluate the perception of gender roles in both countries and its effect on coparental behaviors.

Concerning the positive effect of mothers' self-esteem on the use of constructive coparenting (Sample 2), this result could indicate that it is harder for low self-esteem mothers to include the father, and promote his relationship with the child. Having low self-esteem is linked to rejection experiences (Leary, Tambor, Terdal, & Downs, 1995) and a child's love could be experienced as a booster of acceptance. For mothers with low self-esteem, it might be hard to share. Accordingly, they appear to have a higher tendency to adopt gatekeeping behaviors, wherein they establish a distance between the father and the child (Gaunt, 2008). Fathers' self-esteem was not linked to positive coparenting, indicating that fathers with low self-esteem are able to display similar levels of positive coparenting, compared to fathers with high self-esteem. As the partner effect was not significant either, it suggests this statement stays true even in the presence of a low self-esteem mother. Thus, conversely to our expectation, low self-esteem did not impede paternal positive coparenting. Other variables probably have a predominant effect. Here again, the perception of gender roles could be interesting to investigate.

The fact that self-esteem was more influential for negative coparenting compared to positive coparenting could be related to other findings indicating that the effects of self-esteem on relationships are moderated by the risk of rejection (Cameron & Granger, 2018). In situations with high social risks (rejection), the differences between high and low self-esteem individuals are exacerbated; conversely, when social risk is experimentally reduced, high and low self-esteem individuals display similar behaviors. In the present research, one can conceive that negative coparenting occurs in situations of tension, with a greater risk of rejection, implying marked differences in the behaviors adopted by high versus low self-esteem parents. Contrariwise, positive coparenting might occur in more peaceful moments, during which self-esteem has a less important impact as indicated by our results.

As several studies have reported spillover effects from the romantic relationship to the coparental one (e.g., McHale, 2007), we expected romantic quality to mediate the link between self-esteem and coparenting quality. In line with our third hypothesis, the results indicated that self-esteem's effect on negative coparenting passed through the quality of the romantic relationship (Sample 2). Mothers' romantic relationship quality was a mediator for both actor and partner effects of both partners. Fathers' romantic relationship quality only mediated their own actor and partner effects. Accordingly, mothers' self-esteem, through its effects on mothers' perception of the romantic quality, seems particularly important for the family well-being. This aspect should be further explored in family interventions, especially because women tend to have lower self-esteem compared to men (e.g., Kling, Hyde, Showers, & Buswell, 1999).

In all analyses, we tested the moderating effects of the parents' age, the child's age, and the duration of the marital relationship. Only one effect was found. In Sample 2, when evaluating the APIM of self-esteem on the quality of the romantic relationship, the duration of the relationship appeared to be a significant moderator: fathers' self-esteem no longer affected mothers' perception of the romantic quality when the couple had been together for 10 years and more. Several explanations can be considered. First, this result could indicate that as time passes by, mothers enhance their level of differentiation and learn to balance the needs for individuality and for connectedness (Schnarch, 2009). Their perception of the romantic quality might become less dependent on fathers' personal characteristics. However, this difference could also have methodological reasons. The instruments used to evaluate the variables were not the same in the two samples, which could have led to differential effects of the moderator. Finally, the moderating effect found in Sample 2 could be a type 2 error. When evaluating the whole sample, the effect size of mothers' partner effect was already small ($\beta = .12, p = .023$). It is therefore possible that the loss of power due to the division of the sample in two groups led to a false negative finding. If we refer to previous literature, this last explanation seems the most probable. Indeed, Erol and Orth (2013) evaluated the actor and partner effects of self-esteem on romantic quality in five independent samples using several measurement instrument and the duration of the relationship did not moderate any of the results.

However, the specificity of the present study is that all participants were parents and therefore, the present result might be distinctive of mothers. Becoming a parent

may permanently affect the romantic relationship. Among other aspects, it might change the features influencing mothers' perception of romantic quality (Delicate, Ayers, & McMullen, 2018). Further research is needed to reach more definite conclusions regarding this question.

Limitations

In both studies, most participants came from a medium to high socio-economic background. Therefore, the generalizability of the results could be questioned. The effects of self-esteem might differ according to the background. For instance, the importance of self-esteem could be enhanced in more vulnerable populations. However, the fact that samples were collected in different countries and led to similar results strengthens confidence in the robustness of the findings. Furthermore, we focused on heterosexual parents, however, it would be interesting to see if similar results would be retrieved in other parental constellations, such as homosexual parental couples.

Moreover, in both studies, only self-report measures were available, which represents a potential method bias. As highlighted by Orth (2013), when using only self-report measures the actor effect is based on the reports of one person, while the partner effect is based on the report of both partners (e.g., one partners' self-esteem and the other partner's perception of the romantic quality). Consequently, the measures used to evaluate the actor effect have more method variance in common compared to the measures used to evaluate the partner effect. This could bias the results, artificially inflating or deflating them. In order to avoid this bias, variables should be assessed by multiple methods (using data from different sources). Accordingly, Orth (2013) evaluated the effects of personality on romantic satisfaction and found that when using individual and partner reports on both the predictor and the outcome, the actor and partner effects were similar in size. When using only self-report measures, the partner effect was deflated. A similar bias might have occurred in the present study and the true partner effects might be stronger.

Conclusion

The findings of this study indicate that high self-esteem has multiple positive effects on the parental couple and is helpful for both the romantic and the coparental

relationships. Furthermore, both partners appear to benefit from an individual's high self-esteem. Studying self-esteem in conjunction with the coparental relationship is still a novelty but the results are promising and, given the importance of this relationship for family members (e.g., Don & Mickelson, 2014) and family interactions (e.g., Le et al., 2016), further research would be useful. For example, on a theoretical perspective, it would be interesting to test the risk regulation model (Murray, Holmes, et al., 2006). Indeed, regarding the romantic relationship, it has been shown that self-esteem allows confidence in the partner's love, which is necessary to adopt relationship-oriented goals (Murray & Holmes, 2011). In the coparental relationship, the felt security regarding the partners' and the child's love could interact to predict fulfilling coparental behaviors. Evaluating these aspect would help us understand the paths through which self-esteem affects family relationships.

The present study represents a first step in acknowledging the resource that high self-esteem may represent for the parental couple. In the next step, longitudinal data should be considered. This would be helpful as romantic and coparental quality may change across time. For instance, the coparental relationship evolves according to the child's developmental stage, and the effect of self-esteem might change accordingly. For example, adolescence is a developmental stage at which the child must develop their autonomy more strongly and might show more rejecting behaviors. Conflicts between adolescents and parents could be particularly challenging for parents with low self-esteem and, consequently, could have detrimental effects on the coparental relationship, especially if the other parent devaluates the perceived difficulties. Another valuable step to make would be to include data concerning the children: do parents' self-esteem affect children's adjustment, in a direct way or through the quality of the parental couple relationships? This would allow having a complete image of the family system and to further understand the importance of parents' self-esteem.

For practitioners, these results indicate that improving parents' self-esteem could be an important gateway for families with romantic and/or coparental difficulties. Developing the parents' feeling of worth and their security in their partner and child's love, may lead to positive cascading results. Both partners could benefit from such an intervention and the positive repercussions on the romantic quality are expected to spillover coparenting. Consequently, such an intervention could be helpful for the whole family system. Our findings also suggest that an intervention focused on self-esteem

should help with the issues encountered at the romantic and coparental levels even if those problems were not addressed directly. This is an important advantage for families where communication is highly problematic and where the conflict is fueled by each interaction between partners. Indeed, it would represent an indirect way to start enhancing the quality of the parental relationships.

The results of this article suggest that self-esteem may represent an interesting asset for the quality of the parental couple relationships, as perceived by both partners. In the next article, the aim is to deepen the understanding of self-esteem's role by analyzing longitudinal data. Accordingly, Article 3 tests for the effects of self-esteem on change in the quality of the romantic and coparental relationships.

Article 3: “Is Self-Esteem a Resource for the Parental Couple? A Longitudinal Study on the quality of the Romantic and Coparental relationships”

The article was written by Nahema El Ghaziri, Joëlle Darwiche and Jean-Philippe Antonietti. It was submitted to the Journal of Social and Personal Relationships in 2018 and is currently under review.

Abstract

The aim of this study is to investigate the longitudinal influence of self-esteem on romantic and coparental relationship quality. The data was drawn from the German Family Panel (Brüderl et al., 2015). Parents ($n_{\text{couples}} = 2,364$) were assessed three times over four years. The results indicated that romantic and coparental quality decreased over time, while self-esteem remained stable. The self-esteem of both parents predicted initial romantic and coparental quality. Additionally, mothers' self-esteem buffered the decline in romantic quality. Finally, romantic quality mediated the relationship between parents' self-esteem and coparental quality. These results suggest that self-esteem might be a resource for the parental couple and even for the family unit, as romantic and coparental quality are key elements for the well-being of both parent and child.

Keywords: Self-Esteem, Romantic Quality, Coparental Quality, Interdependence, Longitudinal Data

Introduction

“It’s surprising how many persons go through life without ever recognizing that their feelings toward other people are largely determined by their feelings toward themselves, and if you’re not comfortable within yourself, you can’t be comfortable with others” (Harris, n.d.).

An association between self-esteem and personal relationships was first suggested by James (1890), one of the pioneers of psychology. Since then, a large body of research has confirmed this link and the findings attest to the broad influence of self-esteem on relational outcomes (Cameron & Granger, 2018). Self-esteem refers to the global attitude (positive or negative) toward oneself (Rosenberg, 1965). It is subjective and derives from the person’s feeling of being valued by others (Leary, 1999). Although some normative changes have been observed (Orth, Trzesniewski, & Robins, 2010) – such as an increase between young and middle-adulthood– self-esteem appears to show continuity throughout life, with a rank-order stability comparable to that of personality traits (Trzesniewski, Donnellan, & Robins, 2003). Recently, through a meta-analysis based on 10 longitudinal studies, Cameron and Granger (2018) have established the prospective effect of self-esteem on the interpersonal experience. High self-esteem (HSE) individuals appear to adopt behaviors that enhance relationship quality, such as self-disclosure, warmth and emotional expressivity, which in turn leads to more positive relational outcomes (Stinson, Cameron, Wood, Gaucher, & Holmes, 2009; Wood & Forest, 2016). In particular, extensive research indicates that self-esteem is associated with fulfilling romantic relationships (e.g., Erol & Orth, 2012, 2014; Lavner, Karney, & Bradbury, 2013). Noticeably, self-esteem is not only associated with an individual’s perception of their own romantic quality but also of their partner’s. Accordingly, Erol & Orth (2017) demonstrated the presence of actor and partner effects through a meta-analysis based on five samples. In their article, the predictive effect of self-esteem was also reviewed. Out of five studies: four reported that self-esteem has prospective effects on romantic quality and that changes in self-esteem predict changes in romantic quality; one found reciprocal effects; and one found no significant effects. These results led the authors to conclude that self-esteem should be considered as a predictor, rather than an outcome, of the quality of the romantic relationship.

One of the aspects that characterize a couple is whether partners have children or not. Becoming a parent has significant and enduring effects on individuals and on the couple (Doss & Rhoades, 2017; Jokela, Kivimäki, Elovainio, & Keltikangas-Järvinen, 2009). For example, parents display a less positive trajectory of romantic satisfaction, compared to non-parents (e.g., Keizer & Schenk, 2012). Furthermore, parenthood is accompanied with the emergence of a new relationship; the coparental one, which refers to the way partners function together in their parental role (McHale & Irace, 2011). Due to all of these differences, the effect of self-esteem on romantic quality might not be the same for partners that are also parents. Surprisingly, few studies on self-esteem have focused on the parental couple, which is at the very heart of the family system and has a crucial role in the well-being of both parents and children. It is therefore valuable to verify whether or not HSE has beneficial effects on this specific population.

In the present research, we use longitudinal data of parents to analyze change at the couple level, through common fate growth models (Ledermann & Macho, 2014). Our aim is to test for the resource that self-esteem can represent for the quality of the romantic and coparental relationships. We also analyze the paths through which self-esteem can affect parental couple relationships by testing for mediation effects.

The Parental Couple Relationships

Couples of parents are simultaneously involved in two types of relationships, the romantic one and the coparental one. The romantic relationship is dyadic, and only concerns the adults. Its quality is based on the level of agreement shared by the partners in areas such as love, sex, or housekeeping (Schoppe-Sullivan, Mangelsdorf, Frosch, & McHale, 2004). The coparental relationship is, on the other hand, triadic as it always includes the child. It refers to the collaboration (or disparagement) established between parents while pursuing the upbringing of their child (McHale, 2007) and concerns aspects such as setting educational rules or deciding who takes the child to school.

The separation between these two constructs goes back to family systems theory, which highlights the importance of distinguishing between these subsystems in order to have a more accurate view of family dynamics (Minuchin, 1974). Since then, empirical studies have confirmed that romantic and coparental relationships are two distinct constructs (Van Egeren, 2004) and that coparenting can be supportive even when the

couple is facing marital distress (McHale, Kuersten-Hogan, Lauretti, & Rasmussen, 2000).

The quality of parental couple relationships appears to have multiple repercussions for the well-being of each family member. For example, low-quality romantic relationships are associated with depressive symptoms in the parents (Kersh, Hedvat, Hauser - Cram, & Warfield, 2006). Furthermore, changes in the level of marital distress (increase or decrease) are shown to predict corresponding changes in adolescents' psychological adjustment (Cui, Conger, & Lorenz, 2005). As for the coparental relationship, it appears to represent a safe place for parents (Schoppe-Sullivan, et al. 2004) and was repeatedly associated with the child's positive development (Teubert & Pinquart, 2010). Noticeably, coparenting appears to have a more proximal effect on child adjustment, compared to romantic quality (Teubert & Pinquart, 2010).

Accordingly, romantic and coparental quality have distinct - yet equally important - roles for family members' well-being. It is therefore important to consider them both when studying family.

Development of the Romantic and Coparental Relationships

Literature shows that couples generally undergo a decline in romantic satisfaction over time (Orth, Robins, & Widaman, 2012; VanLaningham, Johnson, & Amato, 2001). For parents, this decline may be steeper. Indeed, couples without children have a higher quality of romantic relationship compared to parents (Meyer, Robinson, Cohn, Gildenblatt, & Barkley, 2016), and the transition to parenthood is linked to a decrease in the quality of the romantic relationship (Keizer & Schenk, 2012; Kluwer, 2010; Twenge, Campbell, & Foster, 2003). This population therefore appears to be at greater risk of experiencing the negative consequences of a low quality of romantic relationship.

Studies investigating the development of the coparental relationship have focused on parents of young children (pregnancy to pre-school age). Their results indicate that coparental quality is moderately stable (Laxman et al., 2013; Le, McDaniel, Leavitt, & Feinberg, 2016; Schoppe-Sullivan et al., 2004; Van Egeren, 2004). Only one related study on older children was found (Riina & McHale, 2013). Its results showed that the child's age moderated the trajectory of the coparental relationship. Among

couples with children between 8 and 11.5 years of age, coparental satisfaction appeared to be stable, while among couples with children between 11.5 and 15 years of age, coparental quality followed an inversed U-curve. Accordingly, child age could affect the trajectory of the coparental relationship.

Self-Esteem, as a Resource for the Romantic and Coparental Relationships

Several theories help understand why self-esteem could be a resource for the parental couple. According to Rosenberg (1965), the way we perceive ourselves shapes the way we perceive our partner and more generally, our environment. Therefore, the optimism of HSE individuals is expected to facilitate the development of fulfilling romantic and coparental relationships. The sociometer theory highlights that this optimism comes from the fact that HSE individuals have experienced more acceptance from others whose opinions they value (Leary & Baumeister, 2000), which allows them to approach social situations with more serenity (Stinson et al., 2009). Conversely, low self-esteem (LSE) individuals have gone through more dismissing experiences and presume rejection more readily. The risk regulation model adds that this feeling of acceptance or rejection is crucial because it determines the adoption of different goals: HSE individuals tend to adopt relationship-oriented goals, while LSE individuals prioritize self-protection (Murray, Derrick, Leder, & Holmes, 2008; Murray, Holmes, & Collins, 2006). For example, when facing an uncomfortable situation, HSE individuals will balance the felt negativity by reporting a more positive perception of their partner and of their romantic relationship, while LSE individuals will react by increasing the distance with their partner (Murray, Holmes, MacDonald, & Ellsworth, 1998). The goal of this reaction is to prevent further pain in case their partner acts dismissively towards them.

Therefore, high vs. low self-esteem individuals appear to go through different life experiences leading to more positive or negative expectations regarding the acceptance of others. These expectations and the trust they denote in their partner's love imply different behaviors, impeding or promoting the quality of the romantic relationship.

Although there is limited research that has examined the link between self-esteem and the coparental relationship, similar processes can be expected. Parents with LSE may also adopt self-protective goals regarding their children and try to keep them for themselves instead of promoting the coparental relationship (Gaunt, 2008).

Accordingly, parents with LSE adopt more negative coparenting behaviors such as attracting the child's attention while s/he is playing with the other parent (Frosch, Mangelsdorf, & McHale, 1998; Lindsey, Caldera, & Colwell, 2005). Conversely, HSE parents engage more frequently in supportive coparenting (Frosch et al., 1998; Lindsey et al., 2005).

In line with these findings, one could expect self-esteem to be a predictor of romantic and coparental relationships quality. However, our aim is to take a step further and understand the path through which self-esteem affects those relationships. To that end, the association between the romantic and coparental relationships should be reviewed.

As family subsystems are highly interdependent (Cox & Paley, 1997) and as the romantic relationship usually appears first, one could expect it to represent the basis on which the quality of the coparental relationship develops. In other words, one could expect the quality of the former to spill-over into the latter (Erel & Burman, 1995). Accordingly, longitudinal data show that romantic satisfaction pre-parenthood later affects the quality of the coparental relationship (Christopher, Umemura, Mann, Jacobvitz, & Hazen, 2015; McHale, Kazali, et al., 2004). Similar results were found when measuring romantic satisfaction after the birth of the child (Bonds & Gondoli, 2007; Pedro, Ribeiro, & Shelton, 2012) and when using experimental designs (Kitzmann, 2000). However, some authors reported different findings. Schoppe-Sullivan et al. (2004) found that coparental behaviors affected the romantic satisfaction 2.5 years later but not vice versa, and the study of Ippolito Morrill, Hines, Mahmood, & Cordova (2010) indicated that both causal directions were supported.

In conclusion, theoretical and empirical findings allow us to expect self-esteem to affect the relationships of the parental couple. HSE may represent an asset for the romantic and coparental relationships by enhancing trust in the partner's love and acceptance, which in turn may increase the propensity to adopt relationship-oriented goals. Furthermore, a romantic relationship based on trust could represent the solid background needed to start and develop a strong coparental relationship. Taken together, these elements suggest a potential mediation link between self-esteem and coparenting through the quality of romantic relationship. However, as the direction of the causal link between romantic and coparental quality is still debated and no meta-analysis has yet confirmed those links, the mediating effect of coparenting quality

should also be considered.

Objectives and Hypotheses

We investigated the longitudinal influence of self-esteem on the quality of the romantic and coparental relationships. To that end, we adopted an innovative method using structural equation modeling, which allows us to evaluate change at the couple level (Ledermann & Macho, 2014). Our first goal was to reproduce previous results on the romantic relationship (Erol & Orth, 2014), with a sample exclusively composed of parents. We expected that mothers' and fathers' self-esteem would predict both the initial romantic quality and its development (i.e., its intercept and slope; hypothesis 1). Second, we wanted to expand these assumptions to the coparental relationship. Because the available data showed that HSE enhances coparental quality (Frosch et al., 1998; Lindsey et al., 2005), we expected that mothers' and fathers' self-esteem would both predict initial coparental quality and its development (hypothesis 2). Finally, we sought to explore the links between self-esteem, romantic and coparental quality by investigating two models that included the three variables. In the first model, the romantic quality was set as a predictor of the coparental quality, while the opposite causal-direction was set in the second model. Given the current state of knowledge, we expected the first model to be a better fit. We hypothesized that the self-esteem of mothers and fathers would predict initial romantic and coparental quality, along with their development (reproduction of hypotheses 1 and 2). We also expected that romantic quality would predict the initial level of coparental quality and its development (hypothesis 3).

The effect of time on self-esteem, romantic and coparental quality was controlled as previous literature showed it had an effect on self-esteem and *romantic quality* (e.g., Orth et al., 2010; VanLaningham et al., 2001). Regarding coparental quality, little is known and while some authors show moderate stability others indicate that coparental quality evolves as time passes by. Furthermore, the moderating effect of the child's age was controlled for, as it was found to affect the development of coparental quality (Riina & McHale, 2013).

To our knowledge, only one longitudinal study has examined the effect of self-esteem on romantic quality in a specific population of parents. Don and Mickelson (2014) analyzed the patterns of change of the romantic relationship following the

transition to parenthood and showed that self-esteem predicted subgroup membership. However, they did not report for the direct effect of self-esteem on change in the trajectory of romantic quality. Furthermore, longitudinal studies on the coparental relationship are still scarce, and none of them have yet analyzed the role of self-esteem in the development of coparental quality. Through this study we expand the knowledge of the links between a dispositional variable and relational variables.

Method

Participants

The sample consisted of 2,364 couples. The data came from the German Family Panel, release 6.0 (Brüderl et al., 2015), which is described in Huinink et al. (2011). This dataset is freely accessible for the scientific community, details (such as codebooks) can be found on the PAIRFAM website (<http://www.pairfam.de/en/data/>). For the present study, data from waves 2, 4, and 6 were explored as coparental measures were not available in the other waves. Wave 2 was collected between 2009 and 2010 and the three measurement points were each separated by two years. The selected participants were heterosexual, had the same partner in at least two of the three waves and had at least one child (with the current partner) who lived with them. At wave 1, mothers' age ranged from 17 to 47 years ($M_{\text{years}} = 33.33$, $SD_{\text{years}} = 5.03$), and fathers' age ranged from 17 to 69 years ($M_{\text{years}} = 36.17$, $SD_{\text{years}} = 5.73$). The length of the relationship ranged from 10 months to 36.4 years ($M_{\text{years}} = 11.50$, $SD_{\text{years}} = 5.64$), and 60.5% of the partners were married. The age of the youngest child ranged from < 1 month to 19.5 years ($M_{\text{years}} = 4.67$, $SD_{\text{years}} = 3.70$). The household's net income per month ranged from 125 € to 30,000 € ($M = 2'928$, $SD = 1,405$). However, most families earned less than 6000 € per month and the median was of 2'750 €.

Measures

Self-esteem was evaluated for each partner with three items based on the Rosenberg scale (1965). The content was similar, but the wording had been simplified in two of them. The items were "Sometimes I believe that I am worthless"; "I like myself just the way I am"; and "All in all, I am pleased with myself". Responses were measured using a 5-point Likert-type scale (1=not at all, 5=absolutely). The results of the negative item were reverse-scored; thus, a higher score indicated higher self-esteem. For women,

the alpha reliability ranged from .74 to .77 between the waves, and for men, it ranged from .70 to .74. For the analyses, the mean score of the three items was calculated for each partner.

The quality of romantic relationship was evaluated for each partner with the Network of Relationships Inventory (adapted version; Furman & Buhrmester, 1985). Each of the subscales was composed of 2 items, and participants were asked to respond considering their relationship with their current partner. Four subscales were evaluated: intimacy (e.g., frequency of “Telling partner what you are thinking”), esteem (e.g., frequency of “Partner expresses recognition for what you've done”), dominance (e.g., frequency of “Partner makes you do things his/her way”), and conflict (e.g., frequency of being “Annoyed or angry with each other”). Responses were measured using a 5-point Likert scale (1=never, 5=always). For women, the alpha reliability ranged from .76 to .78 between waves, and for men, it ranged from .72 to .74. The negative items were reverse-scored; thus, for each partner, a higher score indicated a higher-quality couple relationship. For the analyses, the mean score of the eight items was calculated for each partner.

The quality of coparental relationship was evaluated for each partner with a three-item questionnaire based on the Parent Problem Checklist (Dadds & Powell, 1991). Using a 5-point Likert scale (1=never, 5=very often), the participants reported how frequently they had “Differences of opinion regarding caring and parenting issues”, how often “Discussions regarding caring and parenting issues end in fights”, and how often “One parent disregards rules set by the other”. For women, the alpha reliability ranged from .81 to .83 between waves, and for men, it ranged from .79 to .80. All of the items were reverse-scored, meaning that a higher score indicated higher coparental quality. For the analyses, the mean score of the three items was calculated for each partner.

Analyses

The statistical analyses were conducted using version 3.3.0 of the open source R (R Development Core Team, 2014). To address the missing data, multiple imputations with principal component analysis were performed using the add-on package missMDA (Josse & Husson, 2012). This method has the advantage of estimating a missing value and calculating the variability for the imputation. For each variable and at each wave, imputations were performed only if the subject had answered at least one of the items.

The structural equation models were estimated using the lavaan package (Rosseel, 2011).

Model fit was assessed using the chi-square test, the Tucker-Lewis index (TLI), the comparative fit index (CFI), and the root mean square error of approximation (RMSEA). If the chi-square was not significant, the model was considered to have a good fit. If it was significant, the model was considered to fit the data if the TLI and CFI values were greater than, or equal to .95 and the RMSEA value was below or equal to .06 (Hu & Bentler, 1999).

Before testing our hypotheses, a set of preliminary analyses were conducted. These analyses were divided into four stages and are detailed in the supplementary file (p. 210). The first stage concerned the control variables. Using a principal component analysis, we tested whether a single variable could be used to control for the effect of time (instead of controlling for each parent's age and for the duration of the relationship). As the variance in age of the child was large, we also verified whether it affected the model fits. In the second stage we confirmed that the romantic and coparental quality were different constructs using the heterotrait-monotrait ratio of correlations (HTMT; Henseler, Ringle, & Sarstedt, 2015). In the third stage, we controlled that partners of a same couple had a similar vision of their romantic and coparental quality, using common fate models (CFM; Figure 1; Ledermann & Kenny, 2012).

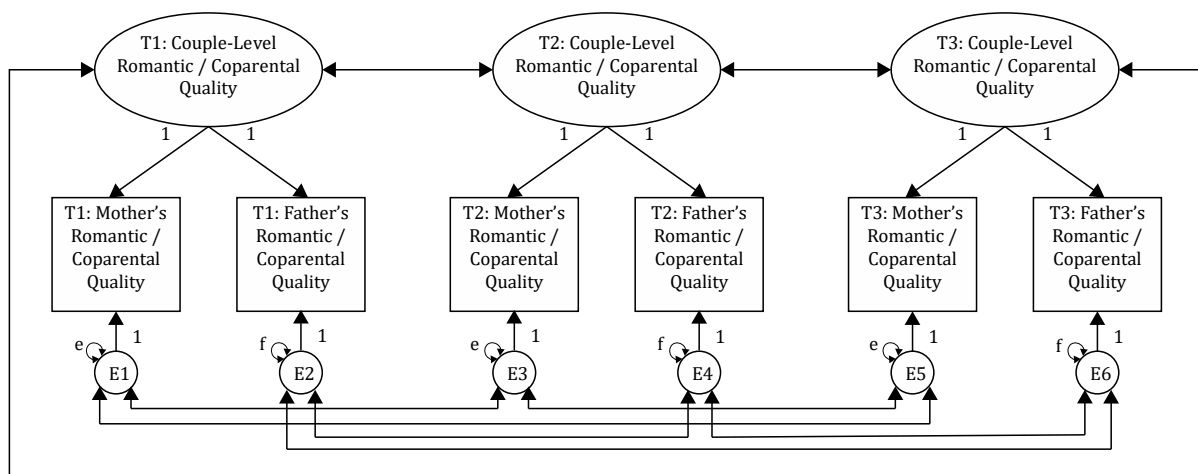


Figure 1. Common fate model of the romantic / coparental quality.

In the fourth stage, the development of mothers' and fathers' self-esteem were investigated through linear growth curved models (Bollen & Curran, 2006), while the

development of romantic and coparental quality were analyzed using linear common fate growth models (CFGM; Figure 2; Ledermann & Macho, 2014).

To test our hypotheses, the self-esteem growth models were combined with the romantic quality CFGM (hypothesis 1) and to the coparental quality CFGM (hypothesis 2). For the last hypothesis, the three growth models were integrated. The R scripts of the models are accessible through the following link: osf.io/rxqtf.

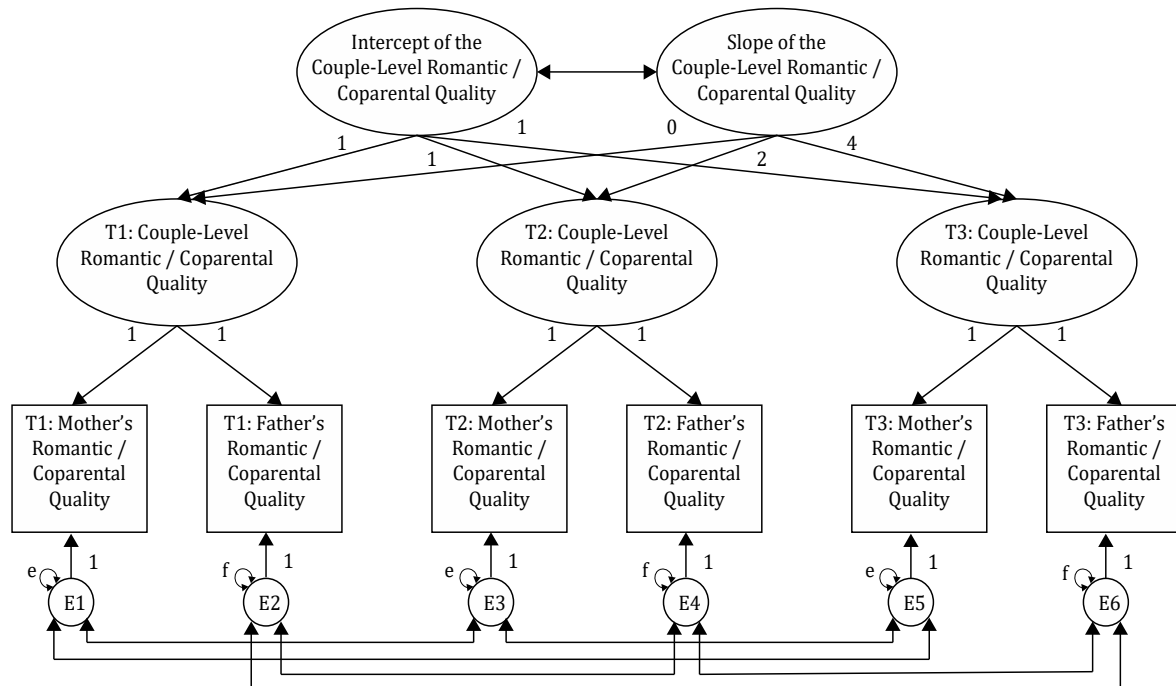


Figure 2. Common fate growth model of the romantic / coparental quality.

Results

Preliminary Analyses

The preliminary analyses showed first that the effect of time could be controlled through the effect of mothers' age and that the child's age group did not moderate the results. Thus, families functioned in a similar way whether their child was younger than 5, between 5 and 11.5 or older than 11.5 years. Second, it confirmed that romantic and coparental quality are different constructs (for mothers HTMT = 0.63; for fathers HTMT = 0.61). Moreover, it established that the romantic quality could be modeled as a shared construct. Indeed, the fit of the related common fate model was good ($\chi^2(9) = 4.97$, $p = .84$; TLI = 1.00; CFI = 1.00; RMSEA = .00), meaning that the way of reporting for this

construct is interrelated between parents of a same family. The common fate model of the coparental quality revealed a good fit as well ($\chi^2(9) = 13.02, p = .16, TLI = .99, CFI = .99, RMSEA = .01$), indicating that it is also a shared construct. Finally, regarding the development of the variables, mothers' and fathers' self-esteem appeared to be stable across the three waves. Conversely, a significant decrease was found regarding romantic ($\beta = -.27, p < .001$) and coparental quality ($\beta = -.57, p < .001$).

Influence of Self-Esteem on Romantic Quality

Self-esteem growth factors were set to predict the romantic growth factors (Figure 3). The results indicated a good fit of the model ($\chi^2(57) = 135.16, p < .001, TLI = .99, CFI = .99, RMSEA = .02$), and both mothers' and fathers' self-esteem predicted the intercept of romantic quality with a medium effect size (for mothers $\beta = .38, p < .001$ and for fathers $\beta = .36, p < .001$). Additionally, mothers' self-esteem predicted the slope of romantic quality, with a small effect size ($\beta = .12, p = .042$). Fathers' self-esteem did not affect the slope of romantic quality ($\beta = .00, p = .985$). These results indicate that a higher initial level of self-esteem predicted a higher initial romantic quality for the couple (and thus a higher intercept). Mothers' self-esteem had a particularly important role, as it also predicted a smaller decline in romantic relationship quality (and thus a more horizontal slope).

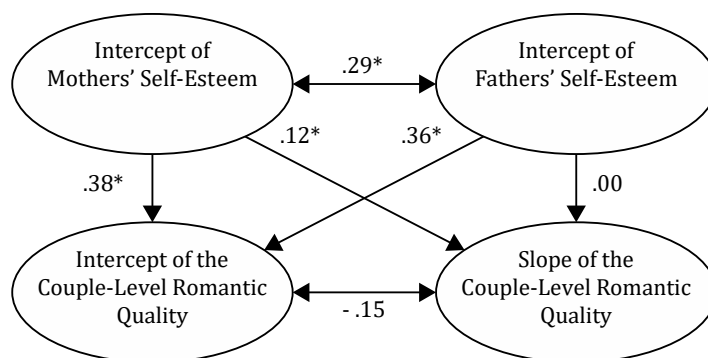


Figure 3. Effects of self-esteem on the romantic relationship quality.

Time did not affect mothers' or fathers' self-esteem (for mothers $\beta = .01, p = .779$ and for fathers $\beta = -.05, p = .085$). However it had a negative effect on the intercept ($\beta = -.14, p < .001$) and a positive effect on the slope ($\beta = .19, p < .001$) of romantic quality.

These results are consistent with the fact that romantic quality declines across time and indicate that the degree of this decline becomes lighter as time passes by.

Influence of Self-Esteem on Coparental Quality

Similarly, the self-esteem growth factors were set to predict the coparental growth factors (Figure 4). The model's fit was good ($\chi^2(57) = 94.66, p = .001$; TLI = .99; CFI = .99; RMSEA = .02). Mothers' and fathers' self-esteem predict the initial level of coparental quality, with a small to medium effect size (for mothers $\beta = .28, p < .001$ and for fathers $\beta = .25, p < .001$), which indicated that parents with high initial self-esteem displayed a higher initial coparental quality. Self-esteem did not influence the development of the coparental relationship (for mothers $\beta = .02, p = .743$ and for fathers $\beta = .05, p = .424$).

Time did not affect parents' self-esteem (for mothers $\beta = .01, p = .644$ and for fathers $\beta = -.05, p = .080$) but had a negative effect on the intercept ($\beta = -.07, p = .013$) and a positive effect on the slope ($\beta = .14, p = .002$) of coparental quality. Therefore, as time passes, the quality of the coparental relationship continues to decrease but the degree of the decline becomes less steep.

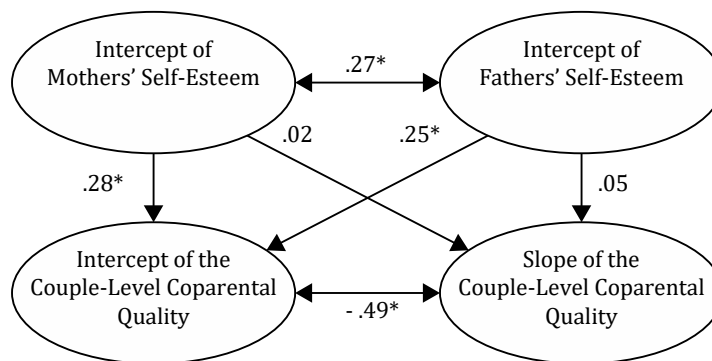


Figure 4. Effects of self-esteem on the coparental relationship quality.

Links Between Self-Esteem, Romantic and Coparental Quality

Based on the above results, two models including the three variables were analyzed. In the first one, romantic quality was set to predict coparental quality. In the second one, the opposite causal directionality was tested: coparental quality was set to predict romantic quality.

The first model (Figure 5) had an acceptable fit ($\chi^2(128) = 395.39, p < .001$; TLI = .97; CFI = .98; RMSEA = .03). The results indicated that mothers' and fathers' self-esteem predicted the initial romantic quality (for mothers $\beta = .37, p < .001$ and for fathers $\beta = .35, p < .001$). Mothers' self-esteem also predicted the development of romantic quality ($\beta = .11, p = .037$). Regarding coparental quality, its intercept was only predicted by the intercept ($\beta = .75, p < .001$) of romantic quality. Similarly, its slope was only predicted by the slope of romantic quality ($\beta = .51, p < .001$). Accordingly, a complete mediation was found. These results indicate that both parents' HSE predicted a higher initial quality of the romantic relationship, which in turn predicted a higher initial quality of the coparental relationship. Mothers' HSE was also particularly beneficial because it buffered the decrease in romantic quality, which in turn buffered the decrease in coparental quality.

Time did not affect parents' self-esteem (for mothers $\beta = .01, p = .814$ and for fathers $\beta = -.05, p = .082$); it had a negative effect on the intercept of the romantic quality ($\beta = -.14, p < .001$) and a positive effect on its slope ($\beta = .19, p < .001$); it no longer affected coparental quality (for the intercept $\beta = .03, p = .365$ and for the slope $\beta = .05, p = .338$).

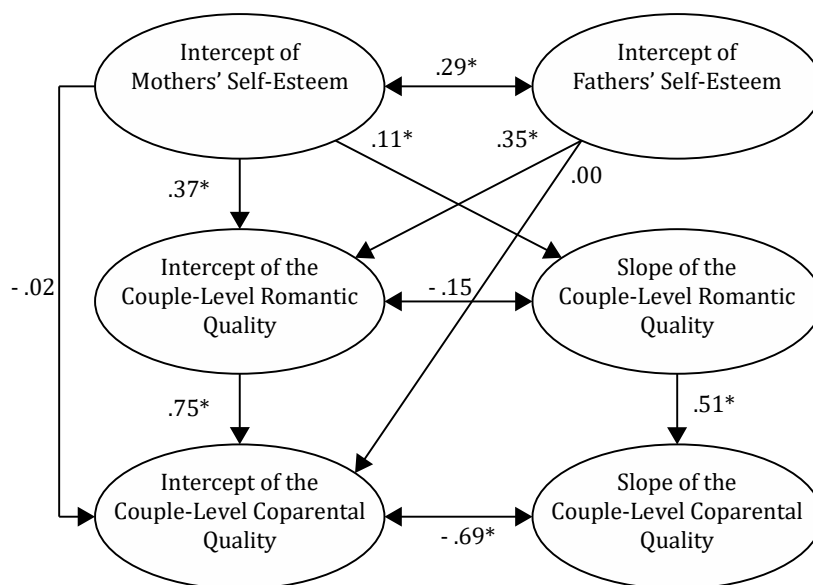


Figure 5. Effects of self-esteem on the romantic and coparental relationship quality, model 1.

In the second model (Figure 6), coparental quality was set to predict romantic quality, which also led to an acceptable fit ($\chi^2(128) = 407.68, p < .001$; TLI = .97; CFI = .98; RMSEA = .03). In this model, mothers' and fathers' self-esteem predicted the initial coparental quality (for mothers $\beta = .31, p < .001$ and for fathers $\beta = .28, p < .001$) as well as the initial romantic quality (for mothers $\beta = .15, p < .001$ and for fathers $\beta = .15, p < .001$). Mothers' self-esteem also predicted the slope of the romantic quality ($\beta = .11, p = .040$). The intercept of coparental quality predicted the intercept of the romantic quality ($\beta = .70, p < .05$). However, there was no association between their slopes ($\beta = .87, p = .056$).

Time did not affect parents' self-esteem (for mothers $\beta = .01, p = .808$ and for fathers $\beta = -.05, p = .083$). It had a negative effect on the intercepts of coparental ($\beta = -.08, p = .007$) and romantic quality ($\beta = -.08, p = .006$). Finally, it had a positive effect on the coparental quality slope ($\beta = .23, p = .001$) but did not affect the romantic quality slope ($\beta = -.03, p = .835$).

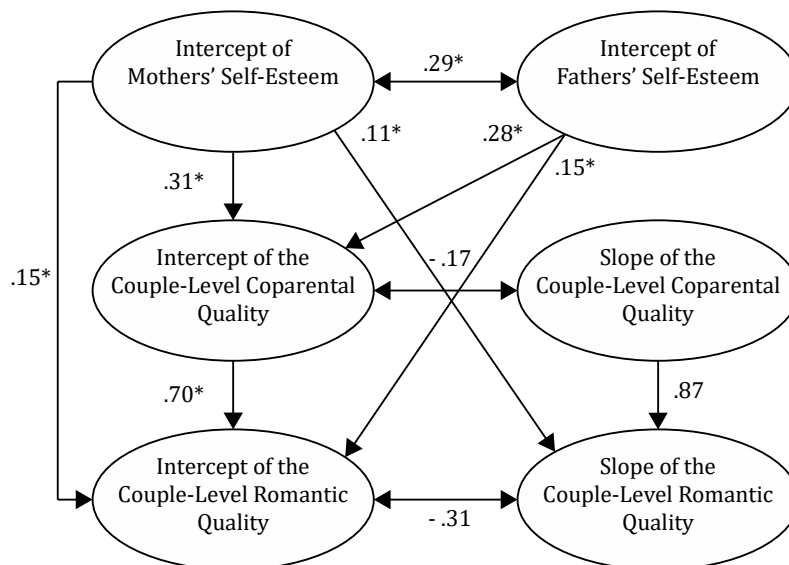


Figure 6. Effects of self-esteem on romantic and coparental relationship quality, model 2.

Both models were statistically acceptable, meaning that both causal relationships might be adequate. However, when comparing the models through AIC and BIC measures, it appeared that the first model fit the data better (model 1: AIC = 61914; BIC = 62370; model 2: AIC = 61927; BIC = 62382). Therefore, in our sample, romantic quality was a better predictor of coparental quality than vice versa.

Discussion

The aim of this study was to focus on the parental couple and explore the longitudinal links between self-esteem and the development of romantic and coparental quality.

In line with previous findings, self-esteem appeared to be stable (e.g., Trzesniewski et al., 2003) and romantic quality decreased across time (e.g., VanLaningham et al., 2001). However, coparental quality also decreased significantly, which challenges previous findings (Laxman et al., 2013). The difference might be a consequence of methods. In the current study, we used a self-reported questionnaire to assess coparental quality, whereas previous studies have mainly used observational tasks (Laxman et al., 2013; Schoppe-Sullivan et al., 2004; Van Egeren, 2004). Additionally, we evaluated coparental quality through the frequency of disagreements between parents, whereas former studies have focused on supportive and undermining behaviors.

As expected, mothers' and fathers' self-esteem predicted the initial level of romantic and coparental quality. These results are consistent with earlier studies showing that HSE represents an advantage for romantic satisfaction (Erol & Orth, 2014) and for the quality of coparental interactions (Lindsey et al., 2005). As discussed in the introduction, a theoretical explanation for these results is that having HSE is linked to greater self-confidence but also greater confidence in one's partner (Leary & Baumeister, 2000; Murray et al., 2006; Rosenberg, 1965). In the risk regulation model, Murray et al. (2006) indicate that this is the key to fulfilling relationships because it allows the adoption of relationship-oriented goals. More precisely, feeling secure about the partner's engagement and love would encourage HSE individuals to fully invest in their couple relationships, while investment by LSE individuals would be held back by fears of rejection (Rill, Baiocchi, Hopper, Denker, & Olson, 2009). Furthermore, in case of external strains, HSE will use their romantic relationship as a self-affirmation resource, which not only helps repair the pain felt but also promotes the quality of the relationship (Murray et al., 1998). LSE individuals' lack of confidence does not allow such a reaction. Instead, external strain incites them to preventively withdraw from the relationship.

In the coparental relationship, the complexity of the dynamics is enhanced because the relationship is, in essence, triadic (or polyadic if the couple has more than one child). Individuals may need to be secure about their partner's love but also about their child's love. Both of these are problematic for LSE individuals (DeHart et al., 2003; Murray, Holmes, Griffin, Bellavia, & Rose, 2001), and might have multiple consequences for the coparental relationship. For example, parents with LSE may fear that their child prefers the other parent, which could encourage them to disregard the agreed rules in order to become the preferred parent. This may explain why LSE parents engage in a higher number of coparental conflicts and dismissive behavior. It also corroborates previous findings which found increased competition between parents with LSE (Gaunt, 2008).

We expected self-esteem to affect the trajectories of the romantic and coparental quality. The results indicated that mothers have a unique role: their self-esteem has a direct effect on the former and an indirect effect on the latter. Indeed, in the complete model retained, dyads in which mothers had HSE presented a lower decline in romantic quality, which in turn lessened the decline in coparental quality. Accordingly, mothers' self-esteem buffered the negative development of romantic and coparental quality. These results are consistent with other findings showing that mothers' psychological well-being is particularly important for healthy family interactions (Korja et al. 2015). The importance of mothers' self-esteem may have evolutionary and/or social reasons. As human children are born immature and need high maternal investment, women may have specialized in family care (Paquette, 2004). Another possibility is that the education given to girls emphasizes sociability and adaptation to others (Loscocco & Walzer, 2013), therefore reinforcing the active role of women in relationships (Erickson, 2005). When women experience low psychological well-being (such as LSE) it may impede this tendency (Shackelford, 2001; Wood, Heimpel, Manwell, & Whittington, 2009) and could have important consequences for family relationships.

Finally, in the complete models, the causal direction between the two outcomes was investigated. The results indicated that romantic quality was a better predictor of coparental quality than vice versa, and the effect of self-esteem on coparental quality appeared to be indirect: it passed through romantic quality. Thus, our results show that HSE parents report more positive behaviors in their romantic relationship (such as supporting and trusting their partner), which in turn reduces the negative behaviors

associated with the coparental relationship. Conversely, LSE individuals (who may be more sensitive to negative cues) reported lower romantic quality, which in turn impeded the coparental relationship.

If we refer to the risk regulation model (Murray et al., 2006), having HSE should lead to a greater feeling of security in the romantic relationship and this security may represent a strong base supporting the positive development of the coparental relationship. For LSE individuals, this base may have already been eroded, which could complicate the emergence of trustworthy coparental interactions. Noticeably, although the first model better described the data, the second one still had an acceptable fit, indicating the probable presence of reciprocal links between romantic and coparental quality as showed by Le et al. (2016). For example, one could expect the direction of the link to be reversed if parents experience the transition to parenthood (or another life stage) as a crisis, and hard to overcome: in the long run, the difficulties encountered in the coparental relationship might in turn endanger romantic quality (Belsky & Hsieh, 1998).

Limitations and Future Directions

This study has some limitations. First, self-esteem is measured with only 3 items based on the Rosenberg scale instead of the complete measure (Rosenberg, 1965). Consequently, the reliability is smaller (Robins, Hendin et al., 2001). However, according to a study on the structure of the Rosenberg scale, it can be shortened without altering its validity (Gray-Little, Williams, & Hancock, 1997).

Similarly, coparental quality is measured with only 3 items, all of which concern negative aspects of the relationship. Theory and empirical results indicate that coparental conflict and coparental support are two different dimensions, rather than two ends of the same scale (Forehand, Parent, Golub, & Reid, 2015; McHale, Kuersten-Hogan, et al., 2004). Thus, future research should explore the longitudinal effect of self-esteem on positive coparenting. Expanding the knowledge of supportive coparenting could help us understand the mechanisms through which self-esteem is influential: does HSE inhibit only negative coparenting, or does it also enhance the frequency of positive coparenting? Is it the same for mothers and fathers? Parents may not coparent in the same way: for example, a cross-sectional study found that HSE among mothers was

associated with more supportive coparenting but not with less intrusive coparental behaviors, while the opposite relationship was found for fathers (Lindsey et al., 2005).

The sample included families with children of very different ages. Although the statistical controls indicate that a single pattern of links between the variables suited all families, no matter the child's age, it would be interesting to verify whether similar results are retrieved with more homogeneous samples. Accordingly, the present study represents a first attempt to understand the longitudinal effects of self-esteem on the parental couple relationships. For example, future studies could use cross-lagged panel models. This would increase our understanding of the causal relationships between the variables. Furthermore, the analyses used allowed the extracting of models that fit the whole sample. However, all families may not function the same way. Previous findings using cluster analyses indicate that some couples stay stable through time and do not experience a decrease in romantic quality (Belsky & Hsieh, 1998; Kamp Dush, Taylor, & Kroeger, 2008). This stability may also affect the development of coparental quality. Future studies should investigate the existence of different developmental patterns in order to have an in-depth understanding of the link between self-esteem and the parental couple relationships. Additionally, studies focusing on specific populations could help us understand if self-esteem continues to be a significant resource for families with heightened challenges (for example, in the presence of disabilities). Previous findings seem consistent with this perspective. For example, Trute, Hiebert-Murphy, & Levine, 2007 showed that in families with a disabled child, parents' self-esteem was associated with long-term family adjustment. However, this type of research is still rare and further effort should be given to understand the role of parental self-esteem in families facing hardships.

Implications for Practice

Several studies have shown that interventions focusing on improving self-esteem are useful for individual outcomes (Pack & Condren, 2014; Staring et al., 2016). Future interventions should take a step further and consider the effect of self-esteem regarding family outcomes. According to the present results, taking self-esteem into consideration could be relevant for prevention programs and for therapeutic treatments developed to help families facing romantic and coparental difficulties (Feinberg, Jones, Kan, & Goslin, 2010; Ireland, Sanders, & Markie-Dadds, 2003). One of the goals of these family

interventions would be to acknowledge the difficulties associated with low self-esteem and to work on them when needed. It also appears that further attention should be given to mother's self-esteem, given the central role that it seems to have for the positive development of the parental couple.

Helping LSE parents to acknowledge the love and positive regard of their partner and child could inhibit self-protective goals, which adversely impact the couple relationships (Murray et al., 2006). For example, previous findings showed that a reframing intervention wherein low-self-esteem individuals are asked to explain why their partner admires them had beneficial effects. Indeed, it promoted the positive perception of the romantic relationship (Marigold, Holmes, & Ross, 2007) and decreased the negative behaviors displayed by the partners (Marigold, Holmes, & Ross, 2010). These results indicate that the weaknesses of LSE individuals can be overcome, which is promising and should be expanded to the coparental relationship. Furthermore, this type of intervention can be conducted individually and should be adjusted for families with deeply rooted issues, where partners are no longer able to communicate without conflict.

Conclusion

Self-esteem is a resource for the parental couple as mothers and fathers with high self-esteem report higher romantic and coparental quality. Furthermore, the effect of self-esteem on coparenting appears to pass through the romantic relationship as mediating effects were found. Finally, mothers' HSE has a crucial role, as it buffered the decline of romantic quality, which in turn fostered the positive development of coparenting quality.

The results of this article further support the importance of self-esteem for the parental couple relationships. In particular, it suggests that self-esteem has predictive effects on the development of the quality of the romantic and coparental relationships.

Article 3 ends the result part of this dissertation, which showed that parents' self-esteem seems to play a significant role for family well-being and helped enhancing the knowledge regarding self-esteem's effects on relationships, while focusing on the parental couple system. In the next part I discuss the work that was achieved through this dissertation.

Discussion

The ambition of this dissertation is to enhance the understanding of self-esteem as a relational resource while focusing on the parental couple. To that end, in the previous parts, a comprehensive theoretical framework was established and three articles were elaborated. I start this discussion with a reflection on the theoretical framework (A). My aim is to untangle the reasons why high versus low self-esteem individuals experience such different relational experiences and to exemplify those reasons and their consequences using situations linked to the parental couple system. Next, I report for the contribution to the literature that was achieved through the three articles developed in the context of this dissertation (B). Finally, I address the limits, but also the future perspectives that emerged from this work (C).

A. Reflection on the theoretical framework

In this section, I summarize three aspects on which high and low self-esteem individuals differ and that may explain the contrasts in their social life. These aspects are derived from the different theories that have been presented throughout this dissertation: the sociometer theory (Leary & Baumeister, 2000), Rosenberg's theory (1965), the risk regulation theory (Murray et al., 2006), and the self-organizing self-esteem model (SOSE; De Ruiter, et al., 2017). They are also supported by several empirical findings that will be detailed in the section.

First, high and low self-esteem individuals have different upbringing backgrounds (1). Second, they have different perceptions of themselves and of their environment (2). Third, they tend to adopt different behaviors (3). In particular, the positive background of high self-esteem individuals allows them to lay an optimistic eye on life. In turn, their positive perceptions and expectations lead them to the adoption of specific behaviors, enhancing the quality of their social relationships, among which, the parental couple relationships. Conversely, the negative experiences of low self-esteem individuals leads them to approaching life in a more suspicious way, expecting rejection

and therefore adopting protective behaviors that impede on the development of fulfilling relationships.

This section is organized in a binary way, opposing high and low self-esteem individuals. This choice was made for clarity reasons, in order to outline the differences between two extremes. However, it should be noted that the reality is more nuanced, as most individuals are located between these two extremes. Accordingly, high and low self-esteem should rather be comprehended as *higher* and *lower* self-esteem.

1 Background

High self-esteem individuals experience more acceptance

According to the sociometer theory (Leary & Baumeister, 2000), the differences between high and low self-esteem individuals stem from the fact that they have been through different life experiences, notably during their childhood. Whereas high self-esteem individuals are expected to have grown up in a nurturing and accepting environment, low self-esteem individuals are assumed to have experienced less responsiveness and more denigration. The SOSE model (De Ruiter, et al., 2017) supports this perspective and further explains the mechanisms at stake. High self-esteem individuals are believed to have experienced coherent patterns of positive self-experiences (micro-level), such as feeling loved and respected by one's parents, which has led to repeated positive state self-esteem (meso-level). In turn, the micro and meso-levels are believed to have framed those individuals' trait self-esteem (macro-level). Each positive experience further strengthening the trait self-esteem of the individual and therefore strengthening the constraining forces of positive valence linked to it. These constraints, in turn, pulled the individual toward seeing life in a rosy way. Low self-esteem individuals, on the opposite have come to build strong constraining forces of negative valence due to their detrimental experiences at the micro- and meso-levels.

Empirical findings confirm these assumptions. Indeed, childhood experiences wherein one feels valued by his or her parents have been shown to affect the development of trait self-esteem. Accordingly, authoritative parenting, which is based on respect, warmth and adjusted expectations allow the child to develop high self-esteem (Milevsky et al., 2007; Raboteg-Saric & Sakic, 2014). For instance, findings indicate that at a young age, mothers' negative feedback regarding the child's actions later predicts

feelings of shame, while positive and corrective feedback predicts children's later persistence in achieving difficult tasks (Kelley, Brownell, & Campbell, 2000), which are both linked to the level of self-esteem. Consequently, high self-esteem individuals were raised with the feeling that the world is a secure, fair and benevolent place; they were led to be optimistic and faithful. Conversely, low self-esteem individuals were left with a feeling of uncertainty and helplessness.

Noticeably, as time passes, adolescents and adults with low self-esteem continue to go through more difficult events and more rejection, compared to high self-esteem individuals. Indeed, low self-esteem individuals experience greater life stressors (Kammeyer-Mueller, Judge, & Scott, 2009) and receive less social support (Marshall, Parker, Ciarrochi, & Heaven, 2014). Additionally, having low self-esteem seems to impede the fact of being in a relationship (Neyer & Asendorpf, 2001) or at least, in a serious one (Luciano & Orth, 2017). It also appears to predict the dissolution of romantic relationships (Luciano & Orth, 2017). More generally, low self-esteem is associated with a smaller number of friends and a restrained social network (Marshall et al., 2014; Stinson et al., 2008). Unsurprisingly, low self-esteem individuals appear to have a higher sense of isolation (Neff, 2003).

Thus, high self-esteem individuals seem to build their identity on a fertile ground, which will allow them to develop their full potential. It is not the case for low self-esteem individuals who learned how to grow on more fragile grounds and will continue to endure more difficulties throughout their life, therefore reinforcing a circular causality between one's experiences (micro-level) and one's self-esteem (macro-level).

2 Perceptions

High self-esteem individuals are more optimistic

The problem with the fact of having been through negative experiences is that human beings are believed to seek coherence, making projections based on what they already know (Swann, 2012). People expect the future to be in line with the past. Accordingly, low self-esteem individuals expect rejection, while high self-esteem individuals expect acceptance (Stinson, Cameron, Wood, Gaucher, & Holmes, 2009). Rosenberg (1965) frames these life expectations in a more general way, as he believes that the major advantage of high self-esteem individuals is their faith in people and life,

the positive bias through which they experience things. In the SOSE model (De Ruiter, et al., 2017), those biases are called constraining forces (negative loops) pulling the individual towards perceiving the environment in a certain manner corresponding to his or her habits. Findings confirm this hypothesis as optimism and self-esteem appear to be highly interrelated (Brissette, Scheier, & Carver, 2002; Mäkikangas et al., 2004). Whereas high self-esteem individuals tend to see life through a positive lens, low self-esteem individuals, on the opposite, seem to perceive a darkened image of their environment. For example, it was found that when facing similar events, low self-esteem individuals perceive them in a more negative fashion and report being more emotionally affected by them (J. D. Campbell, Chew, & Scratchley, 1991). As a general matter, low self-esteem individuals appear to experience more negative feelings. In fact, they are more prone to experience any of the potential aversive emotions humans may go through, from anxiety to hostility or depression (for a review see MacDonald & Leary, 2011). Noticeably, low self-esteem individuals not only endure negative feelings more frequently, but the intensity of these feelings also appears to be greater. For example, they react in a much stronger way to criticism (J. D. Brown, 2010; Ford & Collins, 2010) and when facing the same exclusion situation, low self-esteem individuals will report feeling more rejected compared to high self-esteem individuals (Nezlek, Kowalski, Leary, Blevins, & Holgate, 1997). Findings even indicate that the neuronal connections following rejection differs according to the self-esteem level of each individual (van Schie, Chiu, Rombouts, Heiser, & Elzinga, 2018). These results indicate that high self-esteem might act as a buffer against negative experiences or/and that low self-esteem acts as a catalyst. All of this negativity, although not directly associated with the romantic and coparental quality certainly affects low self-esteem individuals' relationships by representing a constant strain. Indeed, enduring a higher average of daily negative feelings may represent an enhanced emotional workload, restraining the capacity of low self-esteem individuals at being responsive and sensitive to their partner and children.

Moreover, Rosenberg (1965) highlighted that the way we perceive ourselves shapes the way we perceive our environment. He therefore expected individuals with high self-esteem to be more positive about themselves and their capacities but also about others. Accordingly, high self-esteem individuals appear to have a rosier image of themselves. For example, they feel more attractive (Hill & Durante, 2009) and have more

confidence in their abilities as a parent (Karp, Lutenbacher, & Wallston, 2015). Lacking confidence in oneself may have multiple repercussions on the parental couple's relationships. For instance, feeling insecure about one's attractiveness may generate jealousy and create unwarranted conflicts (Zandbergen & Brown, 2015). Similarly, feeling overwhelmed by one's parental role generates stress, which might impede the development of a smooth coparental relationship (McDaniel, Teti, & Feinberg, 2018).

Noticeably, even when facing hardships, high self-esteem individuals are more indulgent to themselves. Indeed, self-esteem has been associated with self-compassion (Neff, 2003), which refers to the fact of being kind and tolerant to oneself when experiencing pain or when facing failure. Accordingly, high self-esteem individuals tend to see themselves in a more benevolent light, whereas low self-esteem individuals have a higher tendency to harsh self-judgment and are more easily overwhelmed by their negative feelings. Similarly, when facing failure, low self-esteem individuals tend to overgeneralize the negative implication of the situation (J. D. Brown & Dutton, 1995). Here again, lacking self-compassion appears to weaken the romantic relationship quality (Neff & Beretvas, 2013) and it may also alter the coparental quality. For example, low self-esteem parents may be hard on themselves by considering that they should be able to handle their child by their own. Consequently, they might refuse their partner's support, creating a distance between coparents instead of consolidating their link.

The benevolent eye that high self-esteem individuals lay on themselves appears to spread to others. Accordingly, their capacity to forgive does not only concern their own mistakes but also the ones of others (Strelan, 2007; Yao, Chen, Yu, & Sang, 2017). More generally, they appear to have an enhanced positive perception of their beloved ones. For instance, they are more likely to idealize their partner (Murray, Holmes, & Griffin, 1996), and have greater trust in them (Murray et al., 2000; Murray, Holmes, Griffin, Bellavia, & Rose, 2001). Moreover, they feel that their romantic relationship is special and perceive unique qualities in their partner (Rusbult, Van Lange, Wildschut, Yovetich, & Verette, 2000). The advantage of this positivity, even though it can sometimes be deluding, is that it tends to enhance the satisfaction felt in the relationship and can help overcome difficulties (Murray et al., 1996). Furthermore, and of most interest, these positive illusions seem to have a self-fulfilling nature: as time passes, individuals seem to grow closer to the idealized image of their partner (Murray et al., 1996). However, it should be noted that positive illusions are only effective as long as

they do not override certain boundaries. If the overestimation of the relationship quality is too important it may lead to severe disenchantment, and potentially the end of the relationship (Lavner, Karney, & Bradbury, 2013).

Beyond the perception of their partner, Wenger and Fowers (2008) revealed that high self-esteem individuals also appear to have a positive bias regarding their children. Indeed, they appear to see them as holding more positive and less negative characteristics than the average child. The authors suggest that it might represent an advantage because it reduces the difficulty that the parental role represents: “Yes parenting is hard, but my child is amazing, it is therefore worth it”. As a consequence, having positive illusions about one’s child may enhance the satisfaction in the parental role.

Moreover, individuals appear to expect people to see them in the way they see themselves, which is not necessarily accurate. Accordingly, low self-esteem individuals significantly underestimate their partner (Murray et al., 2001), child and parent’s love (DeHart et al., 2003). Prospective results also indicate that low self-esteem individuals feel their close ones care less about their well-being (Lee, Dickson, Conley, & Holmbeck, 2014). Furthermore, assuming others see them like they see themselves may partly explain why low self-esteem individuals expect rejection (Stinson et al., 2009). Indeed, they appear to blame themselves as they do not believe to have the necessary qualities to attract the others’ interest (Anthony, Holmes, & Wood, 2007). Because they consider that they deserve their misfortune, they tend to accept their fate and are less eager to make things change (Heimpel, Wood, Marshall, & Brown, 2002; Wood, Heimpel, Manwell, & Whittington, 2009). In fact, being positively regarded by others is so far from their expectations that they even tend to miss acceptance cues directed at them, while they are able to recognize these same cues when directed towards others (Cameron, Stinson, Gaetz, & Balchen, 2010).

According to the sociometer theory (Leary & Baumeister, 2000) and to the risk regulation model (Murray, Holmes, MacDonald, & Ellsworth, 1998) it is this specific aspect: the feeling of acceptance and love -or the lack of it- that is central, and that has cascading effects for the relationship quality of high and low self-esteem individuals.

For instance, it was shown that feeling valued fosters the positive perception of one’s partner (Murray et al., 2000). Thus, it is because high self-esteem individuals feel loved and accepted that they are able to idealize their partner, which in turn will

enhance the relationship satisfaction (Murray et al., 2000). Low self-esteem individuals, on the other hand, feel insecure and therefore adopt preventive defense mechanisms in order to reduce the pain felt in case of rejection. One of them is the fact of laying a less positive eye on the partner and the relationship. Indeed, in case of a break-up it is easier to forgo on a medium relationship compared to a high quality relationship.

Furthermore, disclosure, which appears to foster both the romantic and coparental quality (Kolak & Volling, 2007; Wood & Forest, 2016), was also shown to be affected by acceptance. Indeed, the felt trust in their partner favors high self-esteem individuals' disclosure about their emotions (McCarthy, Wood, & Holmes, 2017). Accordingly, high self-esteem individuals believe their partner knows what they need, are responsive and value them, and this trust appears to mediate the link between self-esteem and disclosure. Conversely, low self-esteem individuals do not have this trust and in a general manner, they perceive disclosure as risky (McCarthy et al., 2017). Whereas high self-esteem tend to consider that disclosing emotions to their partner will make their relationship stronger, low self-esteem individuals tend to perceive potential harms to it and even believe that it could push people away from them.

Moreover, low self-esteem individuals feel inaccurately less valued and supported when disclosing a failure experience to their romantic partner (Cameron, Holmes, & Vorauer, 2009). Eventhough their perception is not valid, it may confirm the belief that exposing oneself is ill-advised. Additionally, even if they perceive their partner's empathy, low self-esteem individuals tend to interpret this support as inauthentic and due to the acknowledgment of their insecurities (Lemay & Clark, 2009). Likewise, low self-esteem individuals have difficulties in accepting compliments and might even be threatened by them as they do not believe in the accuracy of these words and feel they are going to fail the person. Instead of boosting them, as it does for high self-esteem individuals, it has been shown to enhance their anxiety (Murray et al., 1998). Accordingly, although low self-esteem individuals are eager to be reassured about their partner's love, they also resist it. Consequently, partners of low self-esteem individuals might experience double bind situations, wherein they can only act in the wrong way (Visser, 2003).

In summary, low self-esteem individuals have been through more dismissing events, which leads them to lay a more negative eye on life. Their perception of reality is more pessimistic. They are harsh towards themselves and tend to focus on their flaws.

They also expect others to see them in a similar way. As a consequence, they anticipate reject. Noticeably, low self-esteem individuals apply this roughness to everyone and everything. They are not more indulgent to others than they are to themselves, which makes them less forgiving. This in turn fosters the tendency to interpret things in a negative way. Importantly, the insecurities of low self-esteem individuals concerning the love and acceptance of others may be the root to their roughness. Moreover, as developed in the next section it may be this thought in particular that leads to the adoption of certain behaviors, enhancing or dampening the quality of relationships.

3 Behaviors

High self-esteem individuals adopt relationship-oriented goals

According to risk regulation model, individuals are always battling between two opposed goals: the need for connection and the need for self-protection (Murray, Holmes, & Collins, 2006). Indeed, to reach intimacy and connection one must accept to part from his or her shield. Said differently, in order to experience the partner's unconditional love, one must first show his or her vulnerabilities and take the risk of being rejected. However, this risk is not to be neglected because of the hurt of rejection, which is intensified when it comes from trusted and loved ones. Murray et al. (1998) therefore proposed that a system (the risk regulation system) was developed to decide whether to take this risk or not. Noticeably, the authors highlighted that feeling accepted by one's romantic partner is a prerequisite to taking this risk and therefore adopting relationship-oriented behaviors, as opposed to self-protective behaviors (Murray et al., 2006).

The risk regulation systems of high and low self-esteem individuals are calibrated according to their respective biases of perception. Low self-esteem individuals are quick at perceiving risk (i.e. potential rejection), and tend to conclude that avoiding further dependence to the partner is the best solution, as it will help avoid further rejection. They are therefore inclined to behave in self-protective ways. Conversely, due to their optimistic bias, high self-esteem individuals are slower to perceive risk, which allows them to be more spontaneous in their relationships. Broadly speaking, they tend to adopt more approach goals compared to avoidance goals (Heimpel, Elliot, & Wood, 2006), and in the context of romantic relationships, they are more inclined to initiate

seduction moves (Cameron, Stinson, & Wood, 2013). Furthermore, even when high self-esteem individuals detect risk, they tend to conclude that enhancing dependence to the partner is the best solution, as it will help confirm the feeling of being loved. They therefore tend to behave in relationship-oriented ways.

This model highlights that no one is immune to insecurities, and findings confirm that priming partner rejection automatically activates threat, no matter the level of self-esteem (Cavallo, Fitzsimons, & Holmes, 2009). However, the reaction to threats is tremendously different according to the level of self-esteem. As proposed by the SOSE model (De Ruiter, et al., 2017) an isolated self-experience (such as priming rejection) may not be sufficient to overcome the constraining forces at stake. The negative loops will still be strong enough to pull high and low self-esteem individuals toward focusing on cues and adopting behaviors that will confirm their vision of life. For instance, empirical findings indicate that potential rejection leads low self-esteem individuals to adopt cold behaviors, whereas it even enhances the warmth exhibited by high self-esteem individuals (Stinson et al., 2009). These different reactions have self-prophecy effects. Due to their warmth, high self-esteem individuals will indeed be more appreciated by others, while the coldness of low self-esteem individuals will act as a social repellent (Stinson et al., 2009). In romantic relationships, low self-esteem individuals are easily distressed by small negative events such as perceiving their partner's irritation, which appears to shake their trust in their partner's love and leads them to question the value of the whole relationship (Murray, Rose, Bellavia, Holmes, & Kusche, 2002). As a consequence, they display hostile behaviors (Bellavia & Murray, 2003). Conversely, in the face of risk, high self-esteem individuals usually end up choosing to enhance their commitment to the relationship (Cavallo, Murray, & Holmes, 2014; Gomillion & Murray, 2014; Murray et al., 2002). Similarly, after recalling an unpleasant situation they are more eager to seek comfort from their partner, which they believe to be supportive (Murray et al., 2008).

Furthermore, when facing uncertainty regarding their partner's caring, high self-esteem individuals will automatically direct their attention away from their partner's negative characteristics, which is not the case of low self-esteem individuals (Lamarche & Murray, 2014). Thus, high self-esteem individuals appear to orientate their gaze towards more positive aspects of the relationship and therefore decide to take risks by adopting approach goals.

These results seem to indicate that high self-esteem individuals are more capable of taking a step back and consider the whole picture instead of focusing on one event, which may represent a serious advantage for the parental couple, in particular at stressful times. For example, with a newborn, when the nights are short, and the demands of the baby are energy-consuming, parents can easily get overwhelmed and lose their diplomatic abilities. However, if they are able to consider a harsh answer as a sign of exhaustion and not as a personal attack, the negative consequences for the romantic and coparental relationships may be lowered.

Noticeably, several studies have shown that experimentally manipulating the felt security of low self-esteem individuals positively modifies their reactions. For example, they appear to be more willing to disclose when their interaction partner displays greater responsiveness, while it does not affect the behaviors of high self-esteem individuals (Forest & Wood, 2011). The same results were found when the feeling of acceptance was manipulated (Gaucher et al., 2012). Similarly, Stinson et al. (2009) showed that if acceptance is ensured, the warmth displayed by low self-esteem individuals is enhanced. These results confirm the hypotheses of the sociometer theory and of the risk regulation theory concerning the importance of felt security and acceptance. When adopting the SOSE perspective, the results suggest that the performed manipulations provided sufficient energy to overcome the low self-esteem participants' constraining forces, and to generate change (positive loop). This loop of change allowed the participants to have a different experience of themselves and enabled cascading effects, such as implementing unusual behaviors.

The findings also indicate that low self-esteem individuals are not doomed to unsatisfying relationships, but need support from their partner in order to override their fears. If we go back to the SOSE model, the findings confirm that low self-esteem individuals can go through novel micro- and meso- experiences: they can feel momentarily accepted. However, as the constraining forces of their habitual valleys are very strong, they tend to go back to them, and important amounts of energy are needed to form, but most importantly to stabilize a new valley characterized by felt security.

Noticeably, individual insecurities may also turn into couple insecurities. The doubts of low self-esteem individuals, which lead them to adopt certain behaviors may in turn elicit partner responses that will confirm their fears, therefore nurturing the negative loop.

For example, in a study by Cortes and Wood (2018), low self-esteem individuals reported less support from their partner after disclosing negative feelings, and indeed the partners confirmed that they were less responsive. However, when deepening the understanding of this result Cortes and Wood (2018) found that this lower responsiveness might be a consequence of low self-esteem individuals' behaviors. Accordingly, partners reported that they believed low self-esteem individuals were less honest about what they felt. They also reported that low self-esteem individuals have a tendency to use indirect manners when expressing the need for support (such as showing that something is wrong without informing the partner directly about the problem). Finally, they seemed more prone to reject the support offered. Another study also showed that low self-esteem individuals are less responsive to support, which might hinder the providers' willingness to repeat these experiences and appears to create doubts about the relationship (Marigold, Cavallo, Holmes, & Wood, 2014).

Taken together, these results seem to indicate that the reactions of low self-esteem individuals may erode the relationship and incite their partner to withdraw. Accordingly, low self-esteem individuals tend to adopt behaviors meant to have protective effects, but that in fact lead to self-verification.

In summary, high and low self-esteem individuals have been through different experiences, which led them to approach life through different lenses, enhancing the propensity of adopting specific behaviors. High self-esteem individuals were able to build a feeling of security concerning their worth and value based on their early experiences. This feeling for security seems to follow them throughout life and draws them to behaviors that will confirm their positive vision of life. Conversely, low self-esteem individuals lack this feeling of security because they experienced more rejection in their early years. As a consequence, their whole mindset is tuned on avoiding further rejection. They therefore developed multiple defensive mechanisms implemented to reduce the pain felt in case of exclusion. However, these mechanisms have several drawbacks, among which the fact that they prevent low self-esteem individuals to achieve their connectedness goals. In the context of the parental couple relationships the processes differentiating high and low self-esteem individuals can be illustrated as follow:

High self-esteem individuals are faithful in their partner's love and are primarily concerned about maintaining their relationship's strengths, whereas low self-esteem individuals lack faith in their partner's love, which leaves them with chronic apprehensions about how to avoid negativity and rejection. These disparities are associated with the adoption of different goals: relationship-oriented ones versus self-protective ones. Let us take the example of Kate. She had an awful day with her child: Arthur started crying and screaming in the middle of the supermarket because he wanted a candy, making her feel like a terrible mother as she was unable to calm him down without giving up, and buying the candy. If Kate has high self-esteem, she will probably disclose the incident to her husband expecting him to reassure her and making them closer to one another. Conversely, if Kate has low self-esteem, she might prefer to keep the incident for herself, for fear that it would lower her husband's love, as he would realize that in fact she does not meet his expectations in the parental role.

In this section, I discussed the theoretical reasons why self-esteem may lead to different levels of quality of relationship, and in particular of parental couple relationships. Next, I discuss the effects of self-esteem on family relationships, and summarize the contribution to the literature that was achieved through the articles of this thesis.

B. Contribution to the Literature

In the context of this dissertation, three articles were designed in order to enhance the understanding of self-esteem's role for the family's well-being. The articles were developed with the aim of tackling four major axes of research.

The first axis revolved around a general question of the self-esteem/family field. The three other axes specifically addressed the parental couple, which represents the research unit of this dissertation. The axes are framed as follow:

1. Where does the current state of literature stands? Are there valuable reasons to believe self-esteem may be beneficial to the different family members? And consequently, is there a rationale to improve the knowledge on this aspect? (**Article 1**)
2. Is self-esteem an individual resource or may it represent an advantage for more than one person? And in particular, is it a resource for both members of the parental couple? (**Article 2**)
3. Does self-esteem have an enduring effect on the parental couple relationships? Can it modify the expected trajectory of the romantic and coparental relationships? (**Article 3**)
4. Through what paths is self-esteem linked to the parental couple relationships? In addition to the direct effects of self-esteem on the romantic and coparental relationship, are there also indirect effects through mediation? (**Articles 2 and 3**)

Article 1, focuses on the first axis and represents an initial step in the understanding of self-esteem as a family resource. This literature review aimed at providing a synopsis of what is known regarding the links between adult self-esteem and the main family subsystems, namely, the romantic one, the coparental one, the parental-child one and a more global measure, through the family functioning. A first interesting result is that several studies have worked on this subject. Indeed, 41 articles were selected, without even accounting for the romantic relationship. As for this aspect, the findings of Erol and Orth (2017) were reported. This number could sound impressive. However, as mentioned by MacDonald and Leary (2011) the lack of organization of the field tends to lead to shattered empirical results, complicating the

elaboration of clear conclusions. For example, multiple findings were related to the parent-child relationship, but tackled different dimensions, different life stages and used different methodologies. Accordingly, the field would benefit from more systematic research, with longitudinal data to account for the effect of time. Indeed, controlling its effect seems particularly important when studying children as change happens frequently and rapidly in this stage of life. Nonetheless, some aspects of self-esteem's effects seem clear. Findings indicate sufficient empirical support to consider that having high self-esteem is helpful for developing satisfactory family relationships. In particular concerning the romantic relationship (Erol & Orth, 2017), and the parent-child relationship. Beyond the feeling of satisfaction, parents with high self-esteem also appear to adopt constructive parental behaviors and to avoid destructive ones. Most importantly, self-esteem appears to represent a protective factor against child maltreatment.

Thus, there are two main results to this literature review. First, the value of studying self-esteem as a resource for family members has been established. Second, in order to reach a precise knowledge of self-esteem's role in family well-being, further research must be conducted. It is the aim of the second and third articles. Their novelty lays in the fact that they specifically address the parental couple, using a comprehensive method, as both the romantic and coparental relationships are investigated.

In Article 2, the second axis of research is examined (is self-esteem a family resource?). It was confirmed through two independent samples that, as for the general population, parents' self-esteem is a resource for both partners taking part in a romantic relationship. Thus, mothers' and fathers' high self-esteem led them to perceive higher romantic quality and also enhanced the positivity of their partner. However, the real novelty of this paper was to explore the actor and partner effects of self-esteem on the coparental relationship and furthermore, to distinguish between positive and negative coparenting. The results indicate that in both samples, high self-esteem is associated with fewer coparental conflict and disparagement. Partner effects were also found in both samples. However, self-esteem did not seem particularly effective in enhancing positive coparenting. Only one actor effect was significant: when mothers had higher self-esteem they also adopted more supportive coparental behaviors. Accordingly, the results of this second study showed that self-esteem does not only represent an advantage for the individual, but that benefits seem to spread to the different partners of

the relationship. This result concerned both the romantic and the coparental relationship quality, indicating that self-esteem may be considered as a family resource. However, it should be noted that self-esteem might be more useful when trying to reduce negative behaviors compared to trying to enhance positive ones, as the links between self-esteem and negative coparenting were much stronger than the ones with positive coparenting.

In Article 2 the fourth axis of research is also explored (does self-esteem have indirect effects on the parental couple relationships?). In order to further understand the links between self-esteem and the parental couple relationships a mediation model is tested. The results indicate that the actor and partner effects of self-esteem on negative coparenting are mediated by romantic quality. Thus the fact that self-esteem is linked to fewer coparental conflict is partially explained by its protective effect on the romantic quality, which in turn promotes coparental quality.

In Article 3, the third axis of analysis is addressed (is self-esteem a predictor of the parental couple relationships?). Longitudinal data spanning on 4 years are examined, and conversely to Article 2, latent factors of the romantic and coparental relationships are used. The factors represent the shared variance between both partners concerning their perception of each relationship. Thus, romantic and coparental quality are directly examined at the couple level. Accordingly, while Article 2 represents a “zoom-in” of the link between self-esteem and the parental couple relationships, Article 3 corresponds to a “zoom-out”. Indeed, Article 2 provides a fine-grained analysis by investigating the perception of the parental couple relationships at the individual level. Through the actor and partner models it was possible to test for the role of each partner’s self-esteem on the individual’s perception. Conversely, in Article 3 a larger perspective is adopted, as the quality of the relationships are analyzed at the couple level. Thus, in Article 2 the measurement unit is the individual, while in Article 3 it is the parental couple. Accordingly, the goal of Article 3 is to investigate the effects of self-esteem on the whole system, and to understand how the system evolves across time.

The results of Article 3 confirm previous findings indicating that mothers’ and fathers’ high self-esteem contribute to higher romantic quality and fewer coparental conflicts. It also indicates that both the romantic and coparental quality decrease across time. As for the longitudinal effects, mothers’ self-esteem modified the trajectory of the romantic quality. In families where mothers had high self-esteem the decline of

romantic quality was lowered. Accordingly, the effect of mothers' self-esteem is strong enough to significantly buffer the negative effect of time. However, self-esteem did not appear to have a direct effect on the trajectory of coparental quality.

In Article 3, the fourth axis of research is further investigated (does self-esteem have indirect effects on the parental couple relationships?), which allowed the emergence of two interesting findings. First, a complete mediation of romantic quality was found. Accordingly, considering the romantic and coparental quality at the couple level seems to have clarified the path through which self-esteem is linked to the parental couple relationships. This mediation also implies that self-esteem does in fact modify the trajectory of coparenting. However, this effect appears to pass through romantic quality and would not have been spotted if a model including the three variables had not been tested.

The second interesting result was obtained by further investigating the links between the variables. Indeed, a second mediation model was tested wherein coparenting quality was set as the mediator between self-esteem and the romantic relationship. This model was of lower quality, indicating that the effect of self-esteem tends to pass through the romantic relationship. However, this model also had acceptable fit indices, meaning that although the effect of romantic quality on coparenting may be stronger than vice-versa, reciprocal effects are also present.

In summary, the three articles allow to answer positively to each of the four questions raised through the different axes of research. Considering the present results, there are valuable reasons to continue exploring the resource that self-esteem represents for family relationships (1). Indeed, it appears to be a couple resource: If one of the parents has high self-esteem, both partners report higher romantic and coparental quality (2). Furthermore, these results are enduring, and in particular mothers' self-esteem appears to buffer the decline of both the romantic and coparental quality (3). Finally, self-esteem appears to have indirect effects on coparenting through the mediation of romantic quality, and although of smaller importance, coparental quality also appears to have a significant mediating role between self-esteem and the romantic quality (4). The findings also highlight the importance of considering the links between variables when studying the family system. Otherwise, valuable results could be missed.

Accordingly, the main objectives of this dissertation were achieved. However some limits should still be outlined.

C. Limits and Furture Perspectives

In this section, I start by addressing the limits to the work that was completed for this dissertation (1). Three elements are developed. A first limit concerns the role of the child (1.1). A second limit concerns the generalization of this work in view of the different family types existing (1.2). A final limit concerns the fact that multiple developmental patterns might exist (1.3). Indeed, the effect of self-esteem on the parental couple relationships may follow multiple trajectories.

Next, I outline two potential perspectives for future research (2). The first one concerns the theoretical aspects that should be further explored in order to better understand why self-esteem is a family resource (2.1). The second one concerns the clinical field (2.2); I consider the therapeutic possibilities that could be explored to help low self-esteem parents and their family.

1 Limits

1.1 Role of the child

One of the major limitations of this dissertation is that the child was not included in the studies, except by controlling for the effect of his or her age. However, children have an active role in family relationships, and in particular in the coparental one. In order to have a complete image of the family system it would therefore be interesting to investigate the effects of the child's characteristics on the family dynamics.

Several moderators could be worthy of consideration. First, all parents do not go through the same experiences. Some parents have to face tough events (or more enduring conditions) related to the child, causing stress and impacting their relationships. Indeed, some children have special needs, which implies further implication of the parents. For instance, the coparental relationship may not develop in the same way when the baby is born with no complications compared to a premature newborn, which will need special treatments, may stay in the hospital several weeks and whose survival is at risk. Similarly, the presence of a disabled child surely affects the family functioning. Also, the gender of the child may have an effect, for example when

parents are particularly eager to have a boy and not a girl, or vice-versa. Unfortunately, in the present dissertation these aspects were not taken into consideration.

Moreover, each child has a unique personality and as such, cannot be modeled according to their parents' desires. Thus, parents and children need to adapt and adjust to each other, which may or may not be an easy task. Here again, the positive development of the coparental relationship may be facilitated or undermined by the child's characteristics. Accordingly, it was shown that coparental quality is affected by parents' perception of the child's temperament (Burney & Leerkes, 2010). Noticeably, for fathers, the effect was buffered by romantic quality, indicating interactions between the three variables. Additionally, as we now know, low self-esteem is associated with a higher tendency to perceive negativity. Low self-esteem parents may be more prone to consider that their child has a difficult temper, which may in turn explain the difficulties encountered at the coparental level. This effect could be lowered through psychoeducation. Indeed, having better notions of the child's functioning may help reduce the stress of low self-esteem parents, and therefore enhance the quality of the coparental relationship.

Furthermore, it has been shown that starting three months, children have the cognitive capacities to interact simultaneously with both parents (Fivaz-Depeursinge et al., 2010). For example, by turning to the father and smiling at him when something funny is happening with the mother. Some children may have better communication capacities and a higher tendency to include both parents or to exclude one of them, therefore facilitating or impeding the development of the coparental relationship. Again, as low self-esteem individuals are more sensitive to rejection they may react by withdrawing from the relationship, with negative consequences for both the parent-child bond and the coparental relationship. Accordingly, when evaluating coparenting quality, it would also be interesting to consider the child's contribution. With older children, evaluating their perception of the coparental relationship may also lead to the emergence of interesting information.

Beyond the potential moderators related to the child, another limit is that the effects of self-esteem on the child's outcomes were not explored. As the romantic and coparental relationships were previously shown to affect children's development (e.g., Brock & Kochanska, 2015; Teubert & Pinquart, 2010), we can expect self-esteem to be a

resource not only for parents but also for the children. However, verifying this aspect would help support the consideration of self-esteem as a family resource.

1.2 Family constellations and background

The present studies focused on a population of heterosexual parents and did not control for the family type (first union or stepfamily). Thus, the results cannot be generalized to the different family constellations. Stepfamilies are usually characterized by the fact that the romantic and coparental relationships develop simultaneously, potentially leading to a unique functioning, compared to first unions. Accordingly, it would be interesting to verify whether the effects of self-esteem are similar in this specific population. It would also be interesting to see if self-esteem represents an advantage for the quality of the coparental relationship between ex-partners. Other constellations are also to be explored, such as homoparental families.

Furthermore, the background of the families, such as the country of origin, the socioeconomic status, or the living environment (urban or rural) was not explored. Again, enhancing the knowledge on these aspects would allow further generalization of the results.

1.3 Patterns of development

Another limit concerns the methodology used to analyze the longitudinal effects of self-esteem on the quality of the parental couple relationships. Indeed, the data was analyzed assuming a single average trajectory. However, as discussed in the third article, all families may not function in the same way. Acknowledging what are the families that go through steeper or shallower declines of the romantic and coparental relationships would represent another perspective to the quest of understanding self-esteem's role. For example, it would be valuable to know if all low self-esteem parents have less satisfying romantic and coparental relationships or if some of them are able to overcome this fragility. If so, what characterizes these individuals? Or what characterizes their partners and children?

The present work also led to the emergence of future perspectives that I will now develop.

2 Future perspectives

2.1 Enhancing the theoretical background

Through this dissertation, enhancing the comprehension of self-esteem as a family resource was done by evaluating the effects of self-esteem on the parental couple relationships. The rationale behind these findings was not explored. Indeed, I summarized the theoretical reasons why high self-esteem parents may experience more satisfying romantic and coparental relationships (reflection on the theoretical background), however, it was not empirically tested. The main explanation is offered by the risk regulation model (Murray et al., 2006), and suggests that high self-esteem is associated with enhanced trust in one's partner, which promotes the adoption of connecting goals, while the lack of trust characterizing low self-esteem individuals pushes them to adopt self-protective goals. It would be interesting to confirm the validity of this model in a population of parents and to expand the findings to the coparental relationship. Noticeably, Murray et al. (2006) suggested that the model could be applied to other relationships and that the literature should be expanded at this level. Moreover, DeHart et al. (2003) indicated that low self-esteem affects the perceived love of the child. Thus, the trust in the partner and the child's love may interact to promote or inhibit connectedness at the coparental level.

Confirming these assumptions would be especially useful for interventions because it would indicate what specific aspects of the romantic and coparental relationships one should work on, when faced with low self-esteem parents.

As developed in the next section, there are several other aspects that may be valuable to test in order to improve family interventions.

2.2 Interventions for low self-esteem parents

One aspect that was not addressed in this dissertation is the help and support that may be suggested to low self-esteem parents. We now know that self-esteem represents a disadvantage for parents' romantic and coparental relationship, but how can it be healed?

Findings indicate that providing compliments and positive feedbacks is not necessarily the solution. In fact, it can even have the opposite impact by creating

supplementary pressure for low self-esteem individuals who tend to feel they will fail others' expectations (Murray et al., 1998). Similarly, experiencing acceptance does not seem to be sufficient as low self-esteem individuals tend to overgeneralize the implication of negative events but not positive ones (Murray, Griffin, Rose, & Bellavia, 2003; Murray et al., 2006). Accordingly, further effort should be put in the understanding of how to overcome low self-esteem individuals' fragilities.

Some authors have already done interesting discoveries on the subject, outlining different useful techniques. For instance, Marigold et al. (2007) and Marigold et al. (2010) showed that encouraging low self-esteem to reframe compliments allowed to enhance the perceived positivity of the romantic relationship and to decrease the adoption of self-protective behaviors, that are detrimental for the relationship.

In particular, Marigold et al. (2007) developed what they called a cognitive reframing technique allowing low self-esteem to accept and even generalize their partner's compliments, without activating threat processes. This technique -which was tested in three independent studies- encourages the description of a compliment in an abstract way, instead of a concrete way. In the first condition, participants were asked to describe why their partner admires them as well as what it represents for the person and the relationship, while in the second one, participants had to describe the compliment and how it happened, as precisely as they could. The results indicated that low self-esteem individuals felt significantly happier about the compliment after providing an abstract description. They even felt as satisfied as high self-esteem individuals. Furthermore, the abstract condition led to the vanishing of low self-esteem individuals' unwarranted insecurities about the relationship. Indeed, in this condition, they felt just as secure as high self-esteem individuals. In turn, this felt security led low self-esteem individuals to report further value to the relationship. The abstract condition also allowed an enhancement of state self-esteem, meaning that low self-esteem individuals felt better about themselves. Noticeably, when no instructions were given to low self-esteem individuals, they tended to adopt a concrete description.

The authors also tested for longitudinal effects, as follow-ups were displayed (two weeks after the first part of the study). The results indicated that the felt security acquired by low self-esteem individuals by the means of the abstract description was maintained. Furthermore, this reframing affected low self-esteem individuals' perception of their partner's positive behaviors. Accordingly, two weeks after the

intervention, low self-esteem individuals in the abstract condition reported just as much positive behaviors as high self-esteem individuals, whereas the rest of the low self-esteem individuals reported significantly less of them (and more negative ones).

Finally, a mediation effect showed that abstraction allowed felt security, which in turn allowed low self-esteem individuals to further focus on, and remember positive events, while dismissing signs of reject. The authors indicate that their reframing was particularly effective because it did not include a comparison to others nor did it include a judgment on the individual's value (e.g., you are a good partner). All of which may activate low self-esteem individuals' feelings of threat. Another characteristic of the reframing technique that seems to have enhanced its efficacy, is that it implied there were no doubts the partner admired the individual and that it had significant effects.

Marigold et al. (2010) further investigated the effects of the cognitive reframing procedure described above. Their results indicated that this technique buffered the negative effects of a minor threat to the relationship (priming negative sides of the individual that may lead to conflicts between partners). Accordingly, describing a compliment in an abstract way before the threat refrained low self-esteem individuals from devaluating their romantic relationship and from adopting self-protective behaviors, such as being cold and distant.

Thus, this technique has major impacts and ought to be included in interventions, especially considering the ease of its implementation. One limit of these studies is that the samples mainly included young dating participants (M= 19 years), which had been in the relationship for about 20 months. It would be interesting to see if the effects are maintained for more stable relationships and in particular for parents. It would also be valuable to see if similar results could be found in the coparental relationship. For example, by asking participants to recall a compliment they received, linked to their parental role and by asking the participants why their partner admires them as parents. Noticeably, specific techniques might also be needed to address low self-esteem individuals' doubts about their child's love.

Other aspects can be addressed in order to help couples with low self-esteem. On an individual level, learning how to enhance one's dispositional mindfulness appears to be useful. Dispositional mindfulness refers to the capacity of being in the present moment, aware and attentive to one's emotions, and more generally, to what one is presently experiencing (K. W. Brown & Ryan, 2003). Dixon and Overall (2016) showed

that it buffers low self-esteem individuals' rejection fears and also attenuates the level of destructive behaviors. Accordingly, it was found that low self-esteem individuals that were high on mindfulness reported less frequent fears of being rejected by their partner and reported less hurtful behaviors directed at their partner.

On a couple level, working on the type of support provided by partners seems beneficial. Marigold et al. (2014) indicated that low self-esteem individuals are almost impermeable to what they labeled "positive reframing", which is a type of support wherein the provider tries to minimize the event and its consequences. However, low self-esteem individuals are just as responsive as high self-esteem individuals to negative validation, wherein the provider shows understanding and validates the negative feelings of the person. Noticeably, as low self-esteem individuals are by nature more negative, partners tend to want to drag them out of this mood, which leads to lower uses of negative validation and further use of positive reframing. Helping partners of low self-esteem individuals to provide adequate support may not only be positive for the receiver but also for the provider. Indeed, feeling that one's supporting attempts are not well received has negative consequences for the provider whose mood is affected and who tend to devalue the relationship as a consequence of this unpleasant experience (Marigold et al., 2014). This intervention concerns general support and should therefore be adequate for the issues linked to both the romantic and coparental relationships.

Thus, in order to help families with low self-esteem parents to develop more satisfying romantic and coparental relationships, three types of techniques would be interesting to explore. First, professionals could prime low self-esteem individuals with the value of the relationships and the love of their partner and children. During therapy sessions this could be reached through circular questioning, which was developed by the Milan school (Selvini, Boscolo, Cecchin, & Prata, 1980). For example, by using the questions proposed by Marigold et al. (2007) such as: "why does your partner admires you?" or " why do you think this relationship is valuable to your partner?" These questions imply that the partner admires and value the relationship, which may put low self-esteem individuals in a different mindset from the one they usually adopt and that is filled with doubts. Second, low self-esteem individuals could be trained to enhance their mindfulness. This might help them detect their feelings of insecurity and down-regulating them, therefore buffering their negative consequences on their relationships. The third aspect to explore would be to teach partners how to deliver adequate help and

support, which may be energy-consuming, but should be rewarding as it could help install a positive loop. Using these strategies has the advantage of involving the two partners, each of them having to work on specific aspects of the relationship and of their behavior.

The principal aim of these techniques would be to enhance the quality of the romantic and coparental relationships. However, if we go back to the SOSE model (De Ruiter et al., 2017), novel experiences modify the landscape of trait self-esteem. Accordingly, if the novel experiences generated by the intervention would represent sufficient perturbations, positive loops may be produced. These loops of change may lead to the development and even the stabilization of a new trait self-esteem valley. Accordingly, it would be valuable to test for the profound and long-term effects of such an intervention: would it only represent momentary changes, or would the perturbation generated by the intervention be sufficient to overcome the constraining forces of low self-esteem and therefore have more enduring effects? Process studies would allow a fine understanding of the development of self-esteem (at the micro-, meso- and macro-level) in parallel to the intervention's progress. In line with this perspective, findings indicate that on the long run, if one's partner is not discouraged and continues to exhibit acceptance cues it appears to enhance self-esteem (Lemay Jr & Ashmore, 2006; Murray et al., 2000).

Some interventions already focus on enhancing self-esteem (e.g., Mruk, 2006), or close constructs, such as self-efficacy (e.g., Ireland, Sanders, & Markie-Dadds, 2003). Others combine work on the romantic and coparental relationships (e.g., Feinberg et al., 2016). Despite the fact that these interventions may tackle aspects that will be useful for low self-esteem parents, they were not intentionally developed for this population. In line with the results that were outlined in this dissertation, such an intervention could show interesting – and potentially more effective – results for the family well-being.

Conclusion

When entering the PhD program my aim was to better understand what is self-esteem and why it plays such a major role in human beings' lives. Indeed, acknowledging that confident individuals cope better with life seems straightforward but why is it so? How can we explain it? My curiosity was also triggered by the impact this type of people might have on their environment. Could happiness spread from a person to another? Do high self-esteem individuals have some sort of special aura mesmerizing others?

However, these questions are wide enough for an entire career. After refining my subject, I chose to focus on the family system. The aim of this dissertation became to explore self-esteem as a relational variable and to analyze its impact the parental couple relationships.

As presented in the first part of this dissertation, considering self-esteem as a relational variable is not new. However, the statistical methods that were recently developed, such as the APIM (Kenny, Kashy, & Cook, 2006) now allow to perform much more sophisticated analysis of dyadic data. The novelty of this dissertation is to adopt a systemic approach by focusing on the parental couple. Accordingly, the data analysis did not just concern one individual but also their partner and not only one of the relationships parents share but both of them, the romantic and the coparental one. This wider perspective allowed refining the understanding of self-esteem, showing that it is a family resource. Indeed, parents' self-esteem appeared to predict both partners' perception of the romantic and coparental quality. Furthermore, the effect was persistent as mothers' self-esteem allowed romantic relationship to follow a more positive trajectory across time. In turn, this modification of trajectory also affected coparenting, which showed smaller decline.

In conclusion, this dissertation highlighted the importance of self-esteem for the parental couple through multiple samples and methodologies. In the future, developing and testing for family intervention models focusing on overcoming the insecurities of low self-esteem parents seems to be an interesting avenue. Indeed, findings indicate that

getting over these doubts is possible, and as demonstrated through this dissertation it could have great impacts on each member of the family.

This work offered me the opportunity to expand my knowledge on the concept of self-esteem and family relationships. It allowed me to reach some answers, but only to instantly create new questions, and I think this is the magic to research: it constantly arouses one's curiosity.

Appendix

Table 1*Summary of the articles linking self-esteem to the romantic relationship satisfaction*

Article	Sample size	M age	Method and statistics	Results
Aune and Wong (2002)	66 Women 47 Men	25.5 years	Questionnaire; cross-sectional; correlation	$r = .21, p < .05$
Barnett and Nietzel (1979)	22 couples	Women: 30.6 years Men: 33.2 years	Questionnaire; cross-sectional; correlation	$r = .67, p < .001$
Britt et al. (2008)	250 Women 97 Men	45.0 years	Questionnaire; cross-sectional; regression	$\beta = 0.17, p < .05$
Cramer (2003a)	88 Women 62 Men	Women: 20.3 years Men: 21.8 years	Questionnaire; cross-sectional; correlation	<i>ns</i>
Cramer (2003b)	86 Women 58 Men	Women: 20.4 years Men: 21.7 years	Questionnaire; cross-sectional; correlation	<i>ns</i>
Culp and Beach (1998)	134 Women 126 Men	Women: 37.7 years Men: 40.7 years	Questionnaire; cross-sectional; correlation	$r = 0.41, p < .001$
Dethier et al. (2011)	15 couples with an alcoholic husband 15 control couples	Alcoholic group Women: 46.0 years Men: 46.5 years Control group Women: 44.0 years Men: 47.5 years	Questionnaire; cross-sectional; correlation	<i>ns</i>
Don and Mickelson (2014)	103 couples	Women: 28.1 years Men: 30.0 years	Questionnaire; longitudinal; regression	Actor effects: <i>ns</i> Partner effects: Women <i>ns</i> Men $\beta = -0.33, p < .01$

Article	Sample size	Age	Method and statistics	Results
Downs et al. (2006)	43 Women	20.8 years	Questionnaire; cross-sectional; correlation	<i>ns</i>
Erol and Orth (2013)	Sample 1: 192 couples Sample 2: 6,051 couples Sample 3: 300 couples Sample 4: 350 couples Sample 5: 186 couples	Sample 1: 43.2 years Sample 2: 41.6 years Sample 3: 34.6 years Sample 4: 45.3 years Sample 5: 29.1 years	Questionnaire; cross-sectional; SEM	Actor effects : Sample 1: $\beta = 0.36, p < .05$ Sample 2: $\beta = 0.15, p < .05$ Sample 3: $\beta = 0.16, p < .05$ Sample 4: $\beta = 0.33, p < .05$ Sample 5: $\beta = 0.33, p < .05$ Partner effects : Sample 1: $\beta = 0.19, p < .05$ Sample 2: $\beta = 0.09, p < .05$ Sample 3: $\beta = 0.12, p < .05$ Sample 4: $\beta = 0.22, p < .05$ Sample 5: $\beta = 0.19, p < .05$
Erol and Orth (2014)	Sample 1: 885 couples Sample 2: 6,116 couples	At time 1, sample 1: Women : 51.8 years Men : 54.3 years Sample 2 : Women : 40.3 years Men : 43.0 years	Questionnaire; longitudinal; SEM	Sample 1 Intercept : Women $\beta = .24, p < .05$ Men $\beta = .23, p < .05$ Slope : Women $\beta = .24, p < .05$ Men $\beta = .24, p < .05$ Sample 2 Intercept : Women $\beta = .34, p < .05$ Men $\beta = .33, p < .05$ Slope : Women $\beta = .22, p < .05$ Men $\beta = .26, p < .05$

Article	Sample size	M age	Method and statistics	Results
Fincham and Bradbury (1993)	130 couples	Women: 32.0 years Men: 34.0 years	Questionnaire; longitudinal; regression	<i>ns</i>
Frosch et al. (1998)	104 couples	Women: 30.0 years Men: 32.0 years	Questionnaire; cross-sectional; correlation	Women $r = 0.30, p < .01$ Men $r = 0.48, p < .001$
Hendrick (1988)	57 couples	-	Questionnaire; cross-sectional; multiple-regression	Women <i>ns</i> Men DAS $\beta = 0.32, p < .01$ RAS $\beta = 0.25, p < .01$
Karimiha et al. (2015)	84 couples	Women : 29.0 years Men : 30.6 years	Questionnaire; cross-sectional; correlation	Women <i>ns</i> Men $r = .56, p < .001$
Lavner et al. (2012)	251 couples	Women : 23.8 years Men : 25.3 years	Questionnaire; cross-sectional; correlation	Women $r = 0.27, p < .01$ Men $r = 0.26, p < .01$
Lavner et al. (2013)	251 Women	Women : 23.8 years Men : 25.3 years	Questionnaire; longitudinal; growth curve model	Intercept: $p < .05$ Slope: <i>ns</i>
Lewandowski et al. (2010)	Sample 1: 147 Women 47 Men 5 unknown Sample 2: 57 Women 21 Men	Sample 1: 19.0 years Sample 2: 21.7 years	Questionnaire; cross-sectional; correlation	Sample 1: $r = .32, p < .01$ Sample 2: $r = .66, p < .001$
Li et al. (2012)	119 Women 111 Men	23.4 years	Questionnaire; cross-sectional; correlation	Women <i>ns</i> Men $r = 0.30, p < .01$
MacGregor et al. (2013)	113 couples	20.6 years	Questionnaire; longitudinal; correlation	<i>ns</i>
Meltzer and McNulty (2010)	50 couples 1 Women	Women : 23.9 years Men : 25.8 years	Questionnaire; cross-sectional; correlation	Actor effect Women <i>ns</i> Partner effect Women <i>ns</i>

Article	Sample size	M age	Method and statistics	Results
Molero et al. (2011)	295 couples	34.3 years	Questionnaire; cross-sectional; regression	Actor effect Women <i>ns</i> Men <i>ns</i> Partner effect Women <i>ns</i> Men <i>ns</i>
Moosmann and Roosa (2015)	118 Women 100 Men	17.9 years	Questionnaire; cross-sectional; correlation	$r = .22, p < .01$
Mund et al. (2015)	Sample 1 : 121 Women 65 Men Sample 2 : 2,124 couples	At time 1, sample 1: 26.8 years Sample 2 : Women : 31.3 years Men : 34.2 years	Questionnaire; longitudinal; SEM	Sample 1: <i>ns</i> Sample 2: $\beta = 0.10, p < .01$
Murray et al. (1996)	121 couples	19.5 years	Questionnaire; longitudinal; SEM	Actor effect Women <i>ns</i> Men $\beta = 0.23, p < .05$ Partner effect Women $\beta = 0.16, p < .05$ Men $\beta = 0.39, p < .001$
Murray et al. (2000)	Sample 1: 105 couples Sample 2: 121 couples	Sample 1: 38.5 years Sample 2: 19.5 years	Questionnaire; cross-sectional; SEM	Actor effect Women <i>ns</i> Men <i>ns</i> Partner effect Women <i>ns</i>

Article	Sample size	M age	Method and statistics	Results
Neff and Geers (2013)	61 couples	Women : 23.5 years Men : 25.6 years	Questionnaire; cross-sectional; correlation	<i>ns</i>
Neyer and Voigt (2004)	100 couples	24.5 years	Questionnaire; cross-sectional; SEM	Actor effect Women <i>ns</i> Men <i>ns</i> Partner effect Women <i>ns</i> Men <i>ns</i>
Orth et al. (2012)	1,040 Women 784 Men	At time 1 : 49.3 years	Questionnaire; longitudinal; SEM	$\beta = 0.05, p < .05$
Robinson and Cameron (2012)	504 couples	20.0 years	Questionnaire; cross-sectional; SEM	Actor effect $b = 0.24, p < .001$ Partner effect $b = 0.09, p < .0$
Rochlen and Mahalik (2004)	175 Women	20.9 years	Questionnaire; cross-sectional; correlation	$r = .17, p < .05$
Sacco and Phares (2001)	99 couples	Women : 39.8 years Men : 42.6 years	Questionnaire; cross-sectional; multiple regression	$\beta = 0.35, p < .001$
Schaffhuser et al. (2014)	141 couples	50.0 years	Questionnaire; longitudinal; SEM	Actor effect Women <i>ns</i> Men <i>ns</i> Partner effect Women <i>ns</i> Men <i>ns</i>

Article	Sample size	M age	Method and statistics	Results
Sciangula, and Morry (2009)	95 Women 96 Men	19.8 years	Questionnaire; cross-sectional; regression	$\beta = 0.24, p < .001$
Shackelford (2001)	107 Women 107 Men	Women : 25.5 years Men : 26.8 years	Questionnaire; cross-sectional; correlation	Women $r = 0.37, p < .01$ Men $r = 0.25, p < .05$
Stewart and Szymanski (2012)	308 Women	18.8 years	Questionnaire; cross-sectional; correlation	$r = 0.33, p < .05$
Swami et al. (2009)	143 Women 113 Men	34.1 years	Questionnaire; cross-sectional; correlation	<i>ns</i>
Swami et al. (2010)	191 Women 171 Men	23.7 years	Questionnaire; cross-sectional; correlation	$r = .13, p < .05$
Tackett et al. (2013)	4,192 couples	29.6 years	Questionnaire; cross-sectional; SEM	Actor effect $\beta = 0.17, p < .001$ Partner effect <i>ns</i>
Vera et al. (1992)	100 Women 100 Men	19.0 years	Questionnaire; cross-sectional; regression	$\beta = 0.24, p < .05$
Wongpakaran et al. (2012)	110 unknown	20.3 years	Questionnaire; cross-sectional; correlation	<i>ns</i>
Zhang and Stafford (2008)	172 Women 78 Men	21.4 years	Questionnaire; cross-sectional; correlation	$r = .24, p < .001$
Zhang et al. (2011)	40 Women	-	Questionnaire; cross-sectional; regression	$b = 0.71, p < .05$

Note. *M* = mean. - = not reported. *ns* = nonsignificant. When both correlations and regressions were described, only regressions are reported. SEM = structural equation modeling. Standardized coefficients are reported when possible (β), otherwise unstandardized coefficient are reported (*b*). Only the direct effect of self-esteem was reported. Whith longitudinal data, when several results were reported (e.g., effect of self-esteem at T1 on couple satisfaction at T2 and T3) only the result with the higher value was reported.

Supplementary Material of Article 2

Table 1

Means, standardized deviations, and zero-order correlations between mothers and fathers on self-esteem, romantic and coparental quality in Study 1

Variables	1	2	3	4	5	6	Mean (SD)
1. Mothers' self-esteem	-	.18*	.37*	.22*	-.25*	-.19*	11.45 (2.73)
2. Fathers' self-esteem		-	.17*	.26*	-.12*	-.21*	12.07 (2.36)
3. Mothers' romantic quality			-	.42*	-.45*	-.26*	27.48 (3.92)
4. Fathers' romantic quality				-	-.24*	-.39*	26.83 (3.62)
5. Mothers' negative coparenting					-	.43*	5.37 (2.27)
6. Fathers' negative coparenting						-	5.16 (1.99)

* $p < .05$.

Table 2

Means, standardized deviations, and zero-order correlations between mothers and fathers on self-esteem, romantic and coparental quality in Study 2

Variables	1	2	3	4	5	6	7	8	Mean (SD)
1. Mothers' self-esteem	-	.16*	.37*	.26*	-.18*	-.13 [†]	.25*	.10	41.58 (6.04)
2. Fathers' self-esteem		-	.18*	.34*	-.22*	-.25*	.05	.14*	42.78 (6.13)
3. Mothers' romantic quality			-	.66*	-.41*	-.24*	.41*	.21*	115.69 (14.71)
4. Fathers' romantic quality				-	-.31*	-.29*	.26*	.39*	115.35 (14.37)
5. Mothers' negative coparenting					-	.47*	.03	.02	11.68 (3.96)
6. Fathers' negative coparenting						-	-.04	.00	10.81 (3.84)
7. Mothers' positive coparenting							-	.21*	33.18 (4.01)
8. Fathers' positive coparenting								-	31.56 (4.77)

[†] $p < .10$; * $p < .05$.

Table 3

Effects of self-esteem on negative coparenting with romantic quality as mediator

Effect	Standardized Estimate	95% CI		Percentage of the Total Effect
		Lower	Upper	
Mother Actor Effect				
Total Effect	-0.230	-0.231	-0.151	
Total IE	-0.145	-0.142	-0.099	63.0
Actor-Actor IE	-0.135	-0.134	-0.090	58.7
Partner-Partner IE	-0.010	-0.018	0.001	4.3
Direct effect	-0.085	-0.108	-0.033	37.0
Father Actor Effect				
Total Effect	-0.180	-0.195	-0.106	
Total IE	-0.082	-0.086	-0.051	45.5
Actor-Actor IE	-0.071	-0.076	-0.043	39.4
Partner-Partner IE	-0.011	-0.016	-0.002	6.1
Direct effect	-0.098	-0.124	-0.041	54.5
Mother Partner Effect				
Total Effect	-0.088	-0.135	-0.033	
Total IE	-0.056	-0.076	-0.031	63.6
Actor-Partner IE	-0.012	-0.024	0.001	13.6
Partner-Actor IE	-0.044	-0.062	-0.022	50.0
Direct effect	-0.032	-0.078	0.018	36.4
Father Partner Effect				
Total Effect	-0.165	-0.159	-0.083	
Total IE	-0.091	-0.085	-0.048	55.2
Actor- Partner IE	-0.032	-0.039	-0.008	19.4
Partner- Actor IE	-0.059	-0.057	-0.030	35.8
Direct effect	-0.074	-0.092	-0.017	44.8

Note. CI = confidence interval. IE = indirect effect. Mother partner effect = effect of father's self-esteem on mother's outcome. Detail of mother's actor effect: Total effect = direct effect + actor-actor IE + partner-partner IE = $c' + (a_{\text{mother}} * b_{\text{mother}}) + (a_{\text{father}} * b_{\text{father}})$ = effect of mother's self-esteem on mother's negative coparenting + (effect of mother's self-esteem on mother's romantic quality * effect of mother's romantic quality on mother's negative coparenting) + (effect of mother's self-esteem on father's romantic quality * effect of father's romantic quality on mother's negative coparenting). Total IE = actor-actor IE + partner-partner IE.

Supplementary Material of Article 3

The preliminary analyses were divided in four stages. The first stage concerned the control variables. Systematic changes over time have been reported for self-esteem and the romantic quality (e.g., Orth, Trzesniewski, & Robins, 2010; VanLaningham, Johnson, & Amato, 2001). Similarly, the coparental relationship appears to be affected by the duration of the relationship and by the child's age (Riina & McHale, 2013). Accordingly, the results of the current study could be influenced by the age of the parents, as well as by the length of the relationship. However, these variables might be associated, as they are all linked to time. For purposes of parsimony, a principal component analysis was performed, and the result indicated that a single component should be retained. The mothers' age displayed the highest correlation with this component ($r = .90$) and was therefore used to control for the effect of time. Furthermore, as our sample included children from various ages (ranging from less than a month to 19.5 years) we verified that the models equally fit for families with children of different ages. Based on the results of Riina and McHale (2013) we divided our sample in three groups: parents of children beneath 5 years old; parents of children between 5 and 11.5 years old; and parents of children above 11.5 years old. For each of the main models, a chi-square test was conducted to verify whether considering different age groups allowed a better fit of the data. None of the chi-square tests were significant indicating that the child's age group did not affect the relationships between self-esteem, romantic and coparental quality.

In the second stage we verified that the romantic and coparental quality represented different constructs. The analysis was done by calculating the heterotrait-monotrait ratio of correlations (HTMT), which assesses the discriminant validity based on the multitrait-multimethod matrix (see Henseler, Ringle, & Sarstedt, 2015). As recommended by (Kline, 2015), the HTMT indices between the romantic and coparental quality were below 0.85 (for mothers HTMT = 0.63; for fathers HTMT = 0.61), confirming that they are distinct constructs.

In the third stage we verified whether the quality of the romantic relationship could be modeled as a shared construct of the dyad. As the members of a dyad report for the same romantic relationship (i.e., their own romantic relationship), we expected similarities in their reports. This was also tested for the coparental relationship. To

investigate these assumptions, common fate models (CFM; Ledermann & Kenny, 2012) were assessed. To identify the models, all loadings of the latent factors were fixed to 1 (Cook, 1998). We started with strong invariance models. Because the data fit, we then estimated strict invariance models by constraining the error variances to be equal according to gender. The CFMs of romantic and coparental quality (Figure 1) consisted of three latent couple-level factors (one for each measurement point) representing the similarity between the two partners of a dyad (Ledermann & Kenny, 2012). The latent factors were allowed to correlate between one another and loaded on the quality score reported by each partner at each wave. Regarding romantic quality, the fit of the strict invariance CFM was good, ($\chi^2(9) = 4.97$, $p = .84$; TLI = 1.00; CFI = 1.00; RMSEA = .00), and it was not significantly worse than the fit of the strong invariance CFM. Therefore, romantic relationship quality was considered a shared construct. Similar results were found regarding coparental relationship quality. The strict invariance CFM led to a good fit ($\chi^2(9) = 13.02$, $p = .16$, TLI = .99, CFI = .99, RMSEA = .01) and was not significantly worse than the fit of the strong invariance CFM. As such, the quality of the coparental relationship was also considered a shared construct. We also verified whether the dyad members of each model could be treated as indistinguishable, but it was not the case, as the chi-square tests were significant (for the romantic quality CFM: $\Delta\chi^2 = 76.61$, $\Delta df = 5$, $p < .001$; for the coparental quality CFM: $\Delta\chi^2 = 53.22$, $\Delta df = 5$, $p < .001$), indicating that the data should not be treated as indistinguishable. Subsequent analyses are based on the strict invariance models.

In the fourth stage, the development of the variables was investigated. The development of mothers' and fathers' self-esteem was evaluated separately through two latent growth curve models with a linear trajectory (Bollen & Curran, 2006). The models had good fits (for mothers, $\chi^2(1) = 1.35$, $p = 0.25$, TLI = 0.99, CFI = 1.00, RMSEA = .01; for fathers, $\chi^2(1) = 0.33$, $p = 0.57$, TLI = 1.00, CFI = 1.00, RMSEA = .00) and showed that for both parents, self-esteem remained constant through the three waves. As the slopes of mothers' and fathers' self-esteem did not lead to significant results, they were not included in the subsequent models. Finally, we tested for the development of the quality of romantic and coparental relationships through linear common fate growth models (CFGGM; Ledermann & Macho, 2014). We chose this type of model to be consistent with stage 3. Indeed, it measures the growth of a variable at the relationship level. To analyze

the development of romantic quality, we estimated a linear CFGM by adding two latent growth factors (an intercept and a slope) to the strict invariance CFM of romantic quality described above (Figure 2). The model had a good fit ($\chi^2(10) = 6.11, p = 0.81$; TLI = 1.00; CFI = 1.00; RMSEA = .00), and romantic relationship quality appeared to significantly decrease over time ($\beta = -.27, p < .001$). Similarly, to analyze the development of coparental quality, we estimated a linear CFGM by adding an intercept and a slope to the strict invariance CFM of coparental quality. Again, the model had a good fit ($\chi^2(10) = 14.32, p = .16$; TLI = .99; CFI = .99; RMSEA = .01), and the quality of the coparental relationship also appeared to significantly decrease over time ($\beta = -.57, p < .001$). To test for our hypotheses, the analyses reported in the article combine the growth curve models of self-esteem and the CFGM of the romantic/ coparental quality.

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