

**The relationship between family size,
quality of parent- adult child relations,
attachment, general health and life satisfaction.**

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Abstract

This was a correlational study examining family size, quality of parent- adult child relationships, attachment, general health and life satisfaction. A convenience sample of 107 participants was used, 37 males and 70 females ranging from 18 to 61 years. Participants voluntarily completed a demographics questionnaire including age, sex and the number of siblings in their family, a one item scale rating the quality of relations between adult- child and parents (Ward, Spitze & Deane, 2009), The General Health questionnaire (Goldberg, 1992), Relationship Scales questionnaire (Griffin & Bartholomew, 1994) and The Satisfaction with life scale (Diener, Emmons, Larsen & Griffin, 1985). It was found that higher scores on dismissive and fearful attachment subscales were associated with lower quality parent- adult child relations. Satisfaction with life was also positively associated with quality of parent- adult child relations.

1. Introduction

To date there has been very little research carried out on family size, intergenerational relations and its consequences. The strongest type of kin relationship is seen as that between parents and children, and children are said to have a lifelong obligation to parents for rearing them (Finch, 1989, p.36). Family systems theory would also suggest that members of a family are interconnected and individual behaviour and functioning is related to that of the other members of the family (Ribbens-McCarthy & Edwards, 2011, p.91). Taking these points into account, this study aims to examine the family in terms of the relationships that arise between family size which is defined in this study as the number of siblings present, parent and adult child relations, attachment, general health and satisfaction with life.

2. Family Size and quality of intergenerational relationships

Until relatively recently, research on family relations has primarily focused on intergenerational solidarity, an enduring affectionate loyalty to one's family which in turn aids family cohesiveness, and conflict was seen as a lack of solidarity (Luescher & Pillemer, 1998). Schneider states that family ties are about kinship, solidarity between blood relatives or those joined by marriage (as cited in Allan & Crow, 2001, p.4). Now, the focus has shifted from the separate solidarity and conflict views of intergenerational ties and it is thought that relationships between family members actually create ambivalence (Luescher & Pillemer, 1998). If this is so, then what factors influence a love/ hate relationship?

The structure and dynamics of the family unit have dramatically changed over the last thirty years. There is not so much emphasis on religion, families are smaller, there are many unmarried co-habiting parents, higher rates of separation even divorce, one parent families and separate families who have merged. Social roles have also changed significantly with mothers working and fathers taking more of an active role in their children's lives ("The Irish

family”, n.d.). Luescher and Pillemer (1998) suggest that there is a socio structural dimension to ambivalence which concerns contradictions or conflict within social roles. On the other hand there is a psychological dimension which focuses on the individual alone.

A recent study conducted in 2009 revealed that parents with multiple adult children report higher levels of collective ambivalence in relation to quality of intrafamilial relationships (Ward, Spitze & Deane, 2009). As family size increased, so did reports of lower quality relations between parents and their adult children. However Aldous and Klein (1991) stated that family size did not have much of an effect on the findings of their study but found that it “continues to be important only for social exchanges” (Aldous & Klein, 1991, p.7).

2.1 Models of Intrafamilial Relations

Aldous and Klein (1991) proposed three models which can be applied to intrafamilial relations. The Competing Loyalties model proposes that external activities or responsibilities of parents may affect the time available to invest in parent and adult child relations. Role strain refers to conflict or difficulty in fulfilling obligations associated with different roles. Parents can have many roles other than that of the parent and as the number of different roles rise, so does the strain experienced from it (Goode, 1960). Compared to a few decades ago, many parents work now and employment rates for 2011 showed that 62.2% of lone parent women, or those part of a couple aged from 20-44 years were employed. Total percentage of men with children employed was 73.8% (CSO, 2011). This may be just one source of strain for parents. With social change, people’s lives can become more individualised, with familial relationships having less stability and social ties weakening (Pinquart, Silbereisen & Korner, 2010). Strain can also arise from intrafamilial sources (Aldous & Klein, 1991) such as inadequate family cohesiveness or from interfamilial comparisons of family performance (Goode, 1960). Outside obligations such as work or role conflict may interfere with the time

a parent has to attend to their children thus lowering relationship quality, consistent with the Competing Loyalties model. For example, parents with many children may both have full time jobs to support the family which may impede on their family time thus resulting in a negative relationship between family size and relationship quality (Aldous and Klein, 1998). Furthermore, older siblings may substitute for a parent as a caretaker for younger children with parents giving them responsibility and younger siblings seeing an older brother or sister as a quasi-parent (Stewart, Verbrugge & Beilfuss, 1998). This can further impede or dilute parent and child relations (Aldous & Klein, 1991).

The Familism model indicates that in larger families, there is greater emphasis on the family as a whole functioning unit, increasing intergenerational bonds in later years. Member participation in the family and social ties are emphasised rather than individualism (Aldous & Klein, 1991; Schwartz et al., 2010) and the needs of the family are put first (Schwartz et al., 2010). It is a construct relevant to all ethnicities and cultures, referred to as Communalism for African Americans and as Filial Piety for Asian Americans for example and is thought to be related to the concept of Collectivism (Schwartz et al., 2010). Larger families have access to more close-kin support networks (Gondal, 2012). A strong family orientation appear to have protective functions against depression and anxiety (Zhang, Norvilitis & Ingersoll, in Schwartz et al., 2010) and also enhance self esteem (Ghazarian, Supple & Plunkett, 2008). The Familism model would be supported if there was a positive correlation found between quality of parent and adult child relations and family size due to the organisation within larger families making them more tightly knit.

Lastly, the Size Constraint model suggests that with a greater number of children in the family, there may be variations in parent- adult child relations resulting from sibling rivalry, competition or family conflict (Aldous & Klein, 1991; Schlomer, Ellis & Garber, 2010). Family size can affect parental control over children and satisfaction with support networks

and interpersonal relationships (Aldous & Klein, 1991). Research on family size and educational achievement has frequently suggested that within larger families, there are less resources available for each child (Marteletto & Souza, 2012) showing one such reason for variations in parent and adult child relations related to family size. Positive feelings between siblings in larger families may be greatly affected by behavioural conflict and friction. Sibling rivalry and competition can also be influenced by the spacing between each child in the family, with those more widely spaced experiencing less conflict (Newman, J., 1996). To support the Size Constraint model, it would be expected to find that adult children from larger families would report lower relationship quality with their parents. This may be as a result of the parents' interaction with one child being compromised by the presence of other siblings or also result from stricter rule enforcement.

3. Family size and Attachment

Attachment is a well researched topic in psychology. Attachment develops during infancy and is described as an enduring emotional and affectionate tie to a caregiver, usually the mother (Berger, 2008, p.192). This attachment behaviour peaks very early in a child's life and remains active but not evidently in adult life (Bowlby, 1997, p.231). Within the household, parents must carry out other activities such as house chores or looking after another child. When an infant needs care and attention, household chores can be stopped or momentarily put aside. However, conflict can arise and affect a parent's care for their infant when there are demands from other children or even a spouse and these are not as easily resolved (Bowlby, 1997, p.241). Prolonged interference can impede on the care and attention given to a child (Bowlby, 1997, p.242). In this case, family size may affect the attachment between parent and child and the quality of those relationships. However some research has shown that likelihood of secure attachment has been seen to increase with family size

(Ahnert, Meischner and Schmidt, 2000). Consistent with the aforementioned Size Constraint model of intrafamilial relations, demands on parents can be from within the family like a mother who must manage and care for three young children at the same time. On the other hand, with the changes in the dynamics and structures of families over the last few decades, demands upon the parents may be extrafamilial, with both parents having careers and needing both incomes to support a larger family, responsibilities or activities they are involved with outside of the family (Aldous & Klein, 1998). Bowlby (1997, p.357) suggests that in Western society, there can be a lack of mothering or that possibly due to changing family structures and dynamics, that mothering may come from too many people, and is therefore inconsistent.

Familial ties are socially defined (Allan & Crow, 2001, p.5). The social responses of the caregiver are what most effectively reinforces attachment (Bowlby, 1997, p. 314). Previous research on family size suggested that variations in relationships between parents and adult children may be linked to experiences in the early years of childhood and that a parent's relationship with one child may affect their relationship with another (Ward, Spitze & Deane, 2009). As already mentioned, there is conflicting evidence of whether family size is linked to the quality of parent and adult child relations (Ward, Spitze & Deane, 2009, Aldous & Klein, 1998). However, there is evidence to suggest that family size may be linked to attachment.

3.1 Attachment Styles

There are four attachment styles to be considered. A 'Secure' attachment is the most beneficial style. It consists of high interpersonal trust and individuals with a secure attachment would generally have high self esteem (Baron, Branscombe & Byrne, 2009, p.247). In infancy, a secure attachment is characterised by the child being comforted and assured by the caregiver and the caregiver is seen as "a base for exploration" (Berger, 2008,

p.193). A secure attachment style is associated with a child's easy temperament, a synchronious relationship between parent and child and a sensitive and responsive caregiver (Berger, 2008, p.195).

A lack of trust in others but with accompanying high self esteem characterises the 'Dismissing' style of attachment. This is a slightly insecure style of attachment. Individuals are the first to reject a partner in a relationship to avoid rejection themselves as they are always prepared for the worst. Getting too close to a loved one is daunting and these individuals often avoid relationships (Baron, Branscombe & Byrne, 2009, p.247).

Individuals with low self esteem and who do not trust others are described as having a 'Fearful- Avoidant' style of attachment and is the least favourable style. This style is seen to be the most maladaptive. (Baron, Branscombe & Byrne, 2009, p.247).

The fourth style is the 'Preoccupied' style. Someone with this style would put a lot of trust in others and readily accept relationships, but would possess very low self esteem and feel unworthy of their partner (Baron, Branscombe & Byrne, 2009, p.247).

4. Attachment style and quality of parent- adult child relations

Research has established relationships between attachment style and interactions between parents and children. Dinero, Conger, Shaver, Widaman and Laresen-Rife (2008), reported that self reported attachment style, measured in the mid 20's was predicted by the quality of observed interactions between parents and children during adolescence. Of those interactions, ones of a positive nature- particularly sensitivity and warmth, observed at age 15 and 16, predicted secure attachment in the mid 20's. Levesque (2012) emphasised the importance of the family environment on attachment. The emotional and social family environment includes such concepts as family cohesion, respect for privacy, closeness and autonomy, and these are instigated by the parents. In this study, there was no evidence to

support that family closeness had any influence on attachment, however there was a significant negative relationship between autonomy and anxiety and avoidance. Thus it would appear that secure attachment is influenced by the individual's sense of identity and independence which is guided, and aided in formation by the family and fits with Bowlby's attachment theory. Other research has found similar results and also emphasise the influence of parents' socialisation practices with their children and its relation to attachment in romantic relationships (Conger, Cui, Bryant & Elder, 2000).

5. Family size and general health.

Experiences and interactions within the family influence interpersonal behaviour in later life (Baron, Branscombe and Byrne, 2009, p.246). In families with multiple children, differential parenting can occur which may have an influence on a child's psychological functioning later in life (Feinberg and Hetherington, 2001). The quality of the relationships between siblings and sibling structure together, appear to have an influence on individuals' mental health (Yuan, 2009) and maternal health and family size were also found to be predictors of adolescent anxiety (Ozer, Fernald & Roberts, 2008). Other research has suggested a link between attachment organisation and an individual's psychosocial functioning. People who reported experiences of attachment as balanced were less likely to internalize symptoms (Allen, Moore, Kuperminc and Bell, 1998). Research has found that the number of siblings in a family has an influence on pulmonary function in children and exposure to infections (Mattes et al., 1999). Children with older siblings have been found to be at increased risk of whooping cough and delayed immunisation (Reading, SurrIDGE & Adamson, 2004). Hesketh, Qu and Tomkins (2003) reported significant differences between only children and those with siblings. Children with siblings were less likely than only children to confide in their parents and also more likely to experience bullying. Other less

significant differences were reported with only children found to have higher attendance rates for doctors and dentists and children with siblings were at higher risk of anaemia. These are somehow conflicting results- it may be assumed that only children visited doctors and dentists more frequently as a result of reporting symptoms or being more frequently ill. On the other hand, it may be due to the fact that there is only one child in the household so attention is not rivalled by any other children and symptoms are noticed quicker.

6. Family size and satisfaction with life.

Psychoanalyst Adler emphasises the importance of equality between siblings in a family and how favouritism or imbalance in attention can affect the development of other children within the family (Adler, 1998, p.124-125) and reports from young adults indicate a link between larger family size and lower satisfaction with life (Khodarahimi & Ogletree, 2011). All children within one family are all different in terms of personality, interests and achievements. If one child is more prominent, other siblings may suffer and constantly strive for recognition which may continue into adult life (Adler, 1998, p.125). One can suggest that the risk of this occurring may increase but may also decrease with family size. Consistent with the Size Constraint model previously mentioned, sibling rivalry and competition may be exacerbated by multiple siblings. On the contrary, the Familism Model would suggest that as family size increases family members co-operate more and work more efficiently as a unit (Aldous and Klein, 1991). Developmentalists emphasise that sibling relations are very important for social and emotional support and learning (Barfoot, 2004), which suggest that having more than one sibling may be quite beneficial and thus perhaps increase individual functioning and satisfaction with life. This would be on condition that social and emotional support exists within the family and that learning is encouraged and the family environment has been shown to have an influence on internal characteristics of adolescents (Yoshitake,

Matsumoto, Murohashi, Furusho & Sugawara, 2012). In a sample of adolescents, life satisfaction and parental admiration were positively associated, even when culture was controlled for, highlighting the importance of positive parent-child relationships (Schwarz et al., 2012). However, if experiences in family life are rather negative, then the opposite may also occur and satisfaction with life may decrease. Family size, relations and satisfaction with life among adults has been widely researched but only from the perspective of parents and their children and Ward, Spitze & Deane (2009) found that the relations between parents and their adult children are influenced by family size. However, satisfaction with life in adults and size of their family of origin has not been researched.

7. Quality of parent- adult child relations and satisfaction with life

Research has found associations between parent and child communication difficulties and satisfaction with life (Bjarnason et al., 2012) and perceptions of parent- child relationships have been found to be influenced by other siblings and family dynamics (Khodaharimi & Ogletree, 2011). Children's life satisfaction and well being relies on parental warmth, and this along with autonomy and detachment from parents has predicted satisfaction with life in studies with children and adolescents (Chang, McBride Chang, Stewart & Au, 2003). Family systems theory suggests that family dynamics involve aspects of individual dyadic relations and overall aspects of relations within the family as a whole including such things as bonding (Whitechurch & Constantine, 1993, as cited in Henry, 1994). Parental behaviour within parent-child dyads can have an influence on adolescents in terms of support, encouragement and warmth and adolescent's satisfaction with family life is related to family bonding and flexibility (Henry, 1994). Thus, aspects of satisfaction with life appear to be related to intrafamilial relations.

8. Age and Generational Differences

Participants will be grouped by age so that generational differences and theory can be applied. For example, Emerging adulthood includes individuals from 18-25 years of age (Arnett, 2007, p.13). Many changes can occur during emerging adulthood affecting parent and children's relationships. One change is that many emerging adults move out of home and report better relations with their parents (Arnett, 2007, p. 216). It may be that once emerging adults move out that 'distance makes the heart grow fonder' or that simply contact with parents is now seen as a choice rather than a daily occurrence (Arnett, 2007, p.217).

Connidis proposes that parents and adult children get closer as they mature (as cited in Berger, 2008, p.587). However, if adult children have such problems as marital or financial issues, relationships with their parents can also suffer (Berger, 2008, p.588).

Over the decades, the family has changed a lot. From several decades ago, many families ran farms where all family members regardless of age would work and help out. Furthermore, families were larger and familism more prevalent. In recent years, technology has had a huge impact on the way of life and family structure has changed (Rouse, 2007) and some argue that the institution of the family has been on a decline for many decades (Popenoe, 1993).

9. Rationale, aims and hypotheses

Building upon the limited previous research, the first research question of this study aims to examine the relationship between family size and the quality of parent- adult child relations. As previously mentioned, there is evidence to support this (Ward, Spitze and Deane, 2009), as well as contradict it (Aldous and Klein, 1998). Additionally, the previous studies concentrated on parents' reports of relations with their adult children; however

parents' reports are known to be a lot more positive than their children's (Aquilino, 1999). Therefore to address that limitation, this study will involve the adult children's reports on the quality of relationships with their parents as it may yield very different results to those of the parents' reports in previous studies.

As there is conflicting results surrounding family size and the quality of relations between parents and children (Ward, Spitze & Deane, 2009; Aldous & Klein, 1991), associations between attachment styles and family size will be assessed. Research also suggests associations between intrafamilial relations and attachment, however most indicate the precursors of primarily secure or anxious/avoidant attachment and do so through behavioural observations as well as self report attachment measures. Furthermore most samples previously used are children and adolescents. In contrast with that, the present study will examine individuals self report attachment and self report ratings of the quality of relationships with their parents and include a wide range of ages.

Previous research has established connections between health and family size (Mattes et al., 1999; Hesketh, Qu and Tomkins, 2003; Reading, SurrIDGE & Adamson, 2004). However, these studies have looked at specific ailments and not levels of general health across age groups.

Very little research has been carried out on satisfaction with life in adults and the size of their family of origin. One such study revealed a link between bigger family size and lower satisfaction with life in adolescents (Khodarahimi & Ogletree, 2011). This study aims to follow up on this association and incorporate adults of all ages. In addition, life satisfaction has been linked to aspects of parent-child relations but only in samples mainly of adolescents (Chang, McBride Chang, Stewart & Au, 2003; Henry, 1994). Self report ratings of quality of relations with parents have not been investigated in relation to satisfaction with life and not with a sample of adults over 18.

The first hypothesis of the current study is that there will be a significant relationship between family size and quality of parent –adult child relations.

The second hypothesis of this study is that there will be a significant relationship between family size and attachment type.

The third hypothesis is that there will be a significant relationship between quality of adult and parent child relations and attachment style.

The fourth hypothesis is that there will be a significant relationship between family size and general health.

The fifth hypothesis is that there will be a significant relationship between family size and satisfaction with life.

The sixth hypothesis is that there will be a significant relationship between quality of parent-adult child relations and satisfaction with life.

10. Methods

10.1 Participants

A convenience sample of 107 participants, who were over 18 years of age, was used in this study. The sample consisted of 37 males and 70 females with a mean age of 28 (range 18-61, SD 8.57). Undergraduate and Postgraduate students (n=30) in DBS were asked to voluntarily and anonymously participate in this study during class time. In addition, a URL link to the online survey on Google Documents was posted on Facebook profiles asking individuals to voluntarily and anonymously participate (n=77).

10.2 Design

This study is a quantitative correlational design. There are 8 variables to be examined. The predictor variables to be used in the analysis are family size (i.e.: number of siblings) and attachment style. The criterion variables to be examined are quality of parent and adult-child relations, secure, fearful, preoccupied and dismissing attachment styles, general health and satisfaction with life.

10.3 Materials

Demographics were collected. Participants were asked to select gender, age and to write down how many siblings they had.

A one item measure was used to assess the quality of relations between adults and their parents and was taken from a previous study by Ward, Spitze & Deane (2009). It required participants to rate their relationship to their parents on a Likert scale. Responses ranged

from 1-7. A score of 1 meant 'very poor' whereas a score of 7 meant 'excellent' (Ward, Spitze and Deane, 2009).

The General Health Questionnaire (Goldberg, 1992) is a 12 item questionnaire and is designed to assess present and recent mental and physical health. The questionnaire has a space for the client's name but this has been removed for the purpose of anonymity. Participants are required to indicate the extent of which certain symptoms have been experienced in the last 4 weeks. The measure includes such questions as; "Have you recently lost much sleep over worry?" and "Have you recently been feeling unhappy and depressed?" Participants indicate answers on a Likert style, 4 point scale. An example of the answering scale is; 1: 'Not at all', 2: 'No more than usual', 3: 'Rather more than usual' or 4: 'Much more than usual'. Total scores are computed with higher scores on the questionnaire indicating a lower level of general health and vice versa. The Cronbach's alpha of the GHQ-12 ranges from 0.82 to 0.90, the split half reliability is 0.83 and test-re test reliability is 0.73. Validity was assessed at 93.5% (Goldberg, 1992).

The Relationship Scales Questionnaire (Griffin & Bartholomew, 1994) is a 30 item questionnaire which assesses the 4 different dimensions of adult attachment. It can be used to classify participants into attachment styles. There are 4 attachment styles examined – secure, fearful, preoccupied and dismissing. Statements about individuals feelings in close adult relationships are given and participants are required to indicate how much they agree with that statement by rating on a scale of 1 to 5, 1 being 'Not at all like me' and 5 being 'Very much like me' (Griffin & Bartholomew, 1994). There are 5 statements that relate to secure attachment including such questions as "I find it easy to get emotionally close to others". Four items relate to the fearful attachment pattern. "I find it difficult to depend on other people" is an example of this. Four items correspond to the preoccupied style with "I want to be completely emotionally intimate with others" being an example of one. Finally five items

correspond to the dismissing pattern of attachment with an example being “I prefer not to depend on others”. Items 6, 9 and 28 were reversed prior to computing. Scores were derived from computing the mean of the items that relate to each subscale (Griffin & Bartholomew, 1994). The reliability of the four scales is as follows; secure ($\alpha = 0.32$), preoccupied ($\alpha = 0.46$), fearful ($\alpha = 0.79$) and dismissing ($\alpha = 0.64$). The relatively lower reliability of the secure and preoccupied subscales was attributed to the questions examining both dimensions concurrently (Backstrom & Holmes, 2001).

The Satisfaction with Life scale (Diener, Emmons, Larsen, & Griffin, 1985) is a five item measure examining the degree to which an individual is satisfied with life. Five statements are given to which the participant is required to indicate the extent to which they agree/disagree with it. “In most ways my life is close to my ideal” is an example of one of the statements. Responses are given in a Likert style scale ranging from 1 being ‘strongly disagree’ to 7 being ‘strongly agree’. Scores are totalled for each individual, with higher scores reflecting greater satisfaction with life and lower scores reflecting lower satisfaction. A scoring guide has also been provided by the developers of the measure, for example scores of 5-9 are described as ‘extremely dissatisfied’ and top scores of 31-35 are classed as ‘extremely satisfied’ (Diener, Emmons, Larsen, & Griffin, 1985). Cronbach’s alpha for this scale was reported as 0.87. Construct validity was assessed and ranged from 0.61 to 0.84 (Diner et al., 1985 as cited in abiebr.com, 2011).

10.4 Procedure

Participants were approached in classes in DBS and asked to fill in a questionnaire pack for research. Participants were informed that it was a study examining the relationship between family size and general health, attachment, satisfaction with life and quality of relations between adults and their parents. It was explained that participation was voluntary

and that once the questionnaire pack was handed back it could not be retrieved, however all data would be stored securely. The questionnaires took approximately 10-12 minutes to complete and were filled out with pen or pencil.

Consent was also given by ticking a box on the first page of the questionnaire booklet and The Samaritans phone number was given on the last page of the booklet for anyone who wished to avail of the helpline service. An email address was also provided for participants to retrieve information on the findings of the study.

The same process was utilised in the online version of the study on Google Documents. A URL link was posted on Facebook where individuals could find the questionnaires and the same information was given to these participants.

11. Results

11.1 Descriptive Statistics

Table 1: *Descriptive Statistics for Scale Variables*

Variables	Mean	S.D.
Family size	2.59	1.86
General Health	14.11	6.81
Satisfaction with life	22.04	6.97
Secure attachment	3.20	0.62
Fearful attachment	2.83	0.90
Preoccupied attachment	2.82	0.67
Dismissing attachment	3.38	0.52

The average family size in the sample had 3-4 children (Mean of sibling number =2.59, SD= 1.86) (see Figure 2.). The majority of the sample rated the quality of their relationships with their parents as ‘excellent’ and very few rated the relations as less than ‘good’ (see Figure 1.).

Scores on the General Health Questionnaire had a mean of 14.11(SD=6.81) indicating good levels of general health among participants. Multiple modes existed with the smallest value being 7 (minimum= 2, maximum= 34).

The sample of participants were slightly satisfied with life (Mean= 22.04, SD= 6.97). Scores ranged from 4 to 34 (highest score being 35) with the most frequently occurring score being 27.

Attachment patterns were assessed using the RSQ. The mean and standard deviations for each of the four patterns are as follows; Secure (Mean= 3.20, SD= 0.62), Fearful (Mean= 2.83, SD= 0.90), Preoccupied (Mean= 2.82, SD= 0.67) and Dismissing (Mean= 3.38, SD= 0.52). Participants scored slightly higher on the Dismissing attachment subscale than the other subscales.

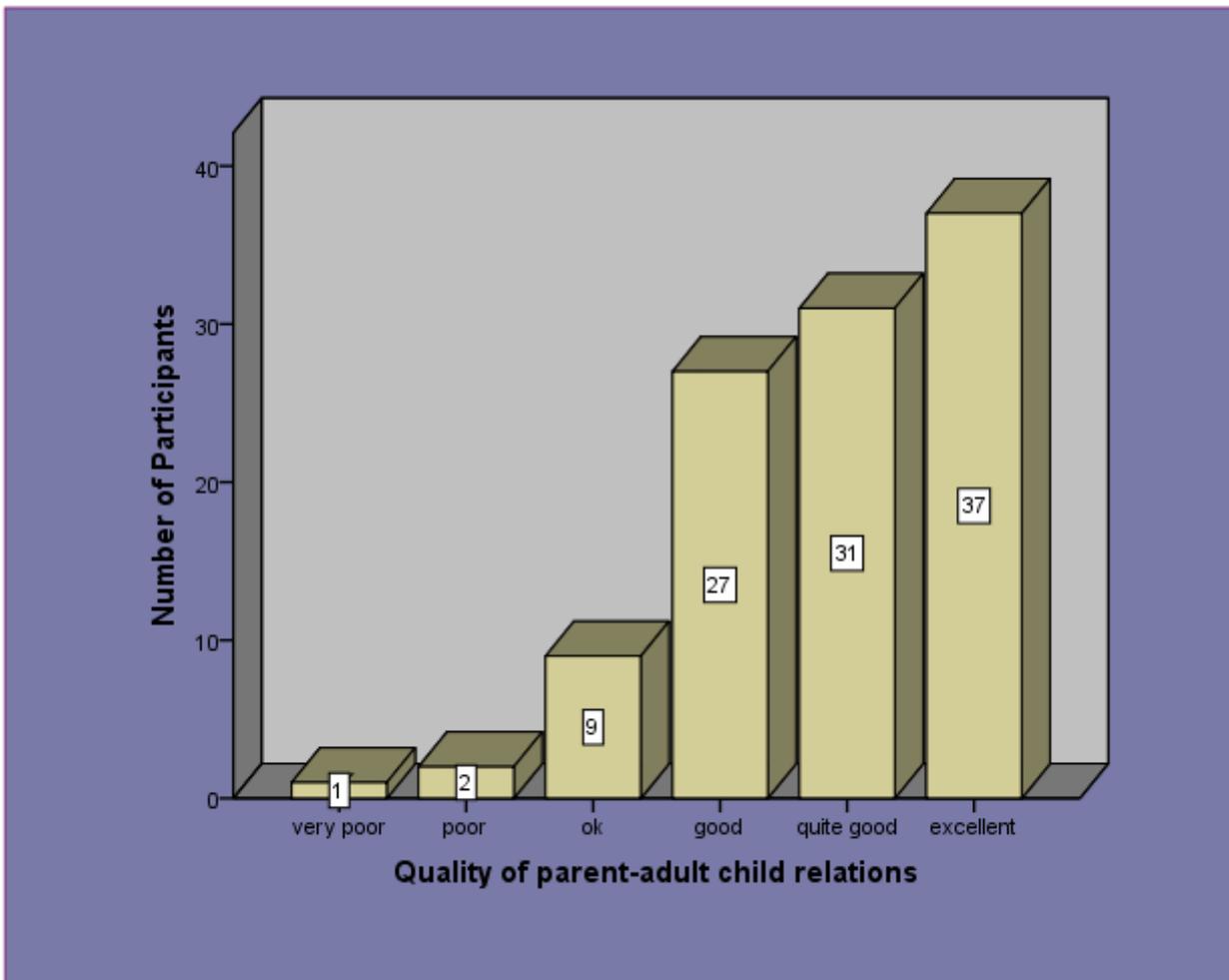


Figure 1: Bar chart displaying participants ratings of the quality of relations with their parents (n=107).

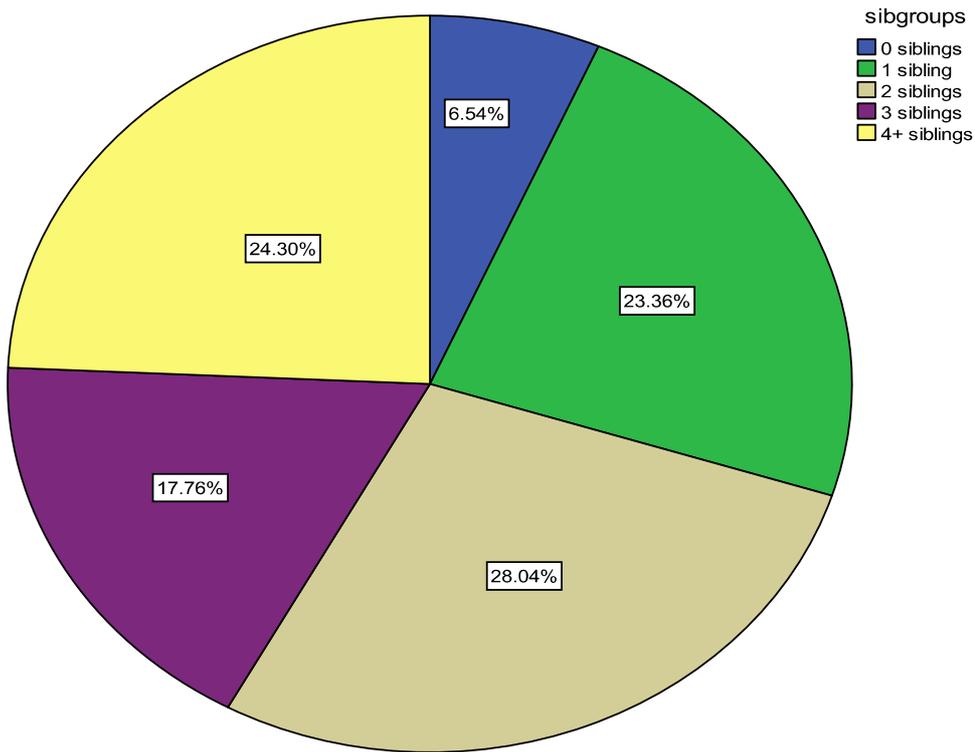


Figure 2: *Pie chart showing the distribution of family size in the present sample.*

11.2 Inferential Statistics

Tests of normality were conducted and variables were found to be not normally distributed therefore non parametric tests were conducted.

Table 2: *Correlation table*

Variable	Family size	Quality of relations	GHQ	SWL	Secure	Fearful	Preoccupied	Dismissing
Family size		0.02	-0.09	-0.02	0.09	-0.07	-0.04	-0.03
Quality of relations				0.29**	0.18	0.34**	-0.09	-0.19*

* p significant at .05 level.

** p significant at .01 level.

A Spearman's rho correlation found a weak significant positive correlation between quality of parent- adult child relations and satisfaction with life ($r= 0.29$, $p= .00$).

A Spearman's rho correlation found a weak to moderate significant negative correlation between quality of parent- adult child relations and fearful attachment ($r= -0.34$, $p= .00$).

A Spearman's rho correlation found a weak significant negative correlation between quality of parent –adult child relations and dismissing attachment ($r= -0.19$, $p= 0.05$).

A Spearman's rho correlation found that there was no significant association between family size and quality of parent- adult child relations ($r_s(107) = 0.02, p=.84$).

A Spearman's rho correlation found that there was no significant association between family size and general health ($r_s(107) = -0.09, p= .38$).

A Spearman's rho correlation found that there was no significant association between family size and satisfaction with life ($r_s(107) = -0.02, p= .83$).

A Spearman's rho correlation found that there was no significant association between family size and secure attachment ($r_s(107) = 0.09, p= .36$).

A Spearman's rho correlation found that there was no significant association between family size and fearful attachment ($r_s(107) = -0.07, p= .46$).

A Spearman's rho correlation found that there was no significant association between family size and preoccupied attachment ($r_s(107) = -0.04, p= .72$).

A Spearman's rho correlation found that there was no significant association between family size and dismissing attachment ($r_s(107) = -0.03, p= .75$).

A Kruskal-Wallis one way ANOVA showed that quality of parent and adult child relations did not differ significantly by age group ($X^2(3)= 4.83, p= .19$).

A Kruskal-Wallis one way ANOVA showed that quality of parent and adult child relations did not differ by family size ($X^2(4) = 3.76, p = .44$).

12. Discussion

The first aim of the present study was to examine the relationship between family size and self reported quality of parent and adult child relations. In contrast to previous research, which focused on parents reports of relations with their multiple children, this study focused on the adult children's reports as parents reports are known to be a lot more positive than children's (Aquilino, 1999). Additionally results of the limited previous research have been generally inconclusive. The second aim was to identify any associations between family size and attachment orientation as attachment and developmental theories would suggest that family size may present obstacles which may impede on caregiving (Bowlby, 1977, p.231-357). Furthermore, self report measures of attachment and quality of relations with parents were analysed to identify any significant relations as previous research has stated that observed dimensions of the family environment has significant influences on attachment (Dinero, Conger, Shaver, Widaman & Laresen-Rife, 2008; Levesque, 2012).

Very little research has examined family of origin and satisfaction with life. One study examined this concept with a sample of adolescents (Khodarahimi & Ogletree, 2011); however the present study involved a sample of all ages. Furthermore, observed quality of relations between parents and adult children have been related to satisfaction with life (e.g. Chang, McBride Chang, Stewart & Au, 2003), but self report measures of relations have not. Finally, previous research has examined health and family size and generated some significant results. In contrast to those studies, the present research was aimed at investigating the association between family size and general health with people of all ages.

The first hypothesis of there being a significant relationship between family size and quality of parent- adult child relations was not supported (see Table 2). Ward, Spitze and Deane (2009) reported that families with many children results in more positive and negative relations between family members. As family size increased, reports of lower quality

relations between parents and adult children also increased. It was suggested that multiple family ties can give rise to ambivalence in relationships as a result of competition or conflict between one dyadic relationship and several others within a larger family. Ward, Spitze and Deane's (2009) study analysed reports on the quality of parent and adult child relations from the parents' reports of the quality of their relationship with several children. This may be one reason why the present study failed to report significant results as it focused on single dyadic relationships between child and parent. However, in terms of Aldous and Klein's (1991) models of intrafamilial relations, Ward Spitze and Deane (2009) provide evidence supporting the Size Constraint model which emphasises ambivalence in familial relationships due to a greater number of children vying for parent's attention (Aldous & Klein, 1991). Luescher and Pillemer (1998), state that familial relationships generate ambivalent feelings. The research certainly suggests that is true, but perhaps ambivalent feelings are temporary and do not override the feelings of kinship and solidarity towards ones family owing to the inconsistent results research has found. As Finch (1989, p.36) pointed out, the strongest kin relation is that of parents and children and children feel a lifelong obligation toward parents.

The present study did not differentiate those individuals still living at home to those who had moved out. Arnett argues that emerging adults have better relations with parents after leaving the home and contact is seen as a choice rather than an obligatory daily occurrence (Arnett, 2007, p.216-217). Previous studies also assessed relations from the mother and fathers point of view separately. The current study asked children to rate relations with parents as a pair, whereas assessing the reports for mother and father separately may have shed light on intergenerational ambivalence.

No significant relationship was found between family size and general health (see Table 2) therefore the current hypothesis is rejected. The majority of participants in the current study rated their relations to their parents as good- excellent. This is a potential reason as to

why there was no association between family size and general health as psychological distress among adult children as well as parents is related to the negative aspects of intrafamilial relations only. Yuan's (2009) results on number of siblings and relationship quality indicate family size as having an influence on psychological health. However, the number of siblings present as well as quality of relations between siblings is what achieves this result. The present study did not incorporate quality of relations between siblings therefore may have missed out on some influential aspects of familial relations. Umberson (1992) argues that strains and rewards of parent and child relations have the strength to affect children's as well as parents psychological functioning but that structural circumstances of the family may influence this effect which links to Yuan's (2009) findings. Individuals who are more invested and reliant on familial relations due to lack of social support for example, may have more of an effect on psychological functioning than those that are more independent (Umberson, 1992). Furthermore, if differential parenting has been linked to effects on psychological functioning (Feinberg & Hetherington, 2001) then perhaps it is those individuals that are the ones who may be more reliant and dependent on parental relations as Umberson (1992) suggested. Being more invested in relationships may leave individuals feeling more vulnerable and perceive parents as treating siblings more favourable than oneself. Thus perhaps family size on its own has not much to do with influencing general health but rather family structure and other individual variables. There are several studies mentioned in the introduction as to the relationship between family size and physical health. As no relationship was found here, one possible explanation is that as children, parents are relied upon for providing care when ill from a physical ailment and as one grows older and is more independent, health is taken into one's own hands and is dealt with effectively.

No significant relationship was found between family size and satisfaction with life which did not support the hypothesis of the current study (see Table 2). Khodaharimi and Ogletree (2011) found a link between larger family size and satisfaction with life in a sample of 376 11-29 year olds. Their larger sample size is one potential reason for the current study not gaining the same significant results. Similar to what has been discussed before, family structure seems to be a general theme running through most analyses. The researchers found that negative outcomes were predicted more by the presence of sisters rather than brothers. Khodaharimi and Ogletree (2011) used the Oxford Happiness Inventory (OHI) which measures several dimensions including life satisfaction as well as emotion attention and self esteem, both of which were also found to have a correlation with family size. This measure may have been more useful than the Relationship Scales Questionnaire used in the present study. Among the dimensions of the OHI was emotional attention which is described as how much an individual thinks about their feelings or how often they notice them. This particular dimension was negatively associated with larger family size. The larger the family, the less individuals seem to attend to or notice their emotions and vice versa. Overall, Khodaharimi and Ogletree (2011) also found that the number of female siblings negatively predicted life satisfaction, emotion attention and self esteem but number of brothers did not have an effect. This could have been due to culture effects however. The study was conducted in Iran where there is a traditional male dominated subculture. In contrast to the present study, perhaps family size alone with a relatively small sample was not enough to affect satisfaction with life but if the number of sisters or brothers were factored into the analysis results may have been more significant or diverse.

There was a significant positive relationship found between quality of parent and adult child relations and satisfaction with life which supports the current hypothesis (see Table 2) which links in with previous research which found associations between parent and child

communication difficulties (Bjarnason et al., 2012), parental behaviours (Henry, 1994) and life satisfaction. Khodaharimi and Ogletree (2011) also found a gender and family structure difference in parent and adolescent relationships. Boy's perceptions of relationships with their parents were more positive when their closest sibling was also male. Perceptions changed when a boy's closest sibling was female resulting in parents being seen as more punitive. Therefore, there may be some link between where one is placed in the family in relation to siblings, gender and their perceptions of parent and child relations which may then influence life satisfaction. As already mentioned though, there may be a culture difference at play here also as the sample used was Iranian adolescents where there is a traditional male dominated subculture. In addition it is important to note that this correlation was found in the adolescent sample rather than the sample of 20-29 year olds which may suggest that the differences are more evident in the sometimes turbulent teenage years and when living at home. In contrast to the present study, the sample involved only those over 18 years of age. From the present results, it seems that satisfaction with life, although not a cause and effect relationship is related to characteristics of family systems in terms of the influence of familial relationships on individuals in terms of support, encouragement and warmth as Henry (1994) suggested.

Previous research on family size suggested that variations in relationships between parents and adult children may be linked to experiences in the early years of childhood and that a parent's relationship with one child may affect their relationship with another (Ward, Spitze & Deane, 2009). However, no relationship was found between attachment style and family size in the present study so the current hypothesis is rejected (see Table 2). The RSQ measure that was used here was shown to have low reliability for some of the subscales. The relatively lower reliability of the secure and preoccupied subscales was attributed to the

questions examining both dimensions concurrently (Backstrom & Holmes, 2001). Therefore a more reliable measure of attachment could have been used. Interestingly, the fearful and dismissing subscales had higher reliability and significant negative correlations were found between fearful and dismissing attachment patterns and quality of parent and adult child relations which support the current hypothesis (see Table 2). A lack of trust in others but with accompanying high self esteem characterises the slightly insecure 'Dismissing' style of attachment. Individuals are the first to reject a partner in a relationship to avoid rejection themselves as they are always prepared for the worst. Getting too close to a loved one is daunting and these individuals often avoid relationships (Baron, Branscombe & Byrne, 2009, p.247). Individuals with low self esteem and who do not trust others are described as having a 'Fearful- Avoidant' style of attachment and is the least favourable style. This style is seen to be the most maladaptive. (Baron, Branscombe & Byrne, 2009, p.247).

Those with fearful or dismissing attachment styles reported lower quality relations with their parents, which fit with previous research in that area and therefore the current hypothesis is accepted. Self reported attachment style, measured in the mid 20's was predicted by the quality of observed interactions between parents and children during adolescence. Of those interactions, ones of a positive nature- particularly sensitivity and warmth, observed at age 15 and 16, predicted secure attachment in the mid 20's (Dinero, Conger, Shaver, Widaman and Laresen-Rife, 2008) and it is interesting to see that observed parent and child interactions correspond similarly to self reported parent adult- child relations in the present study. Interestingly, parental sensitivity, warmth, support and encouragement are all facets of parent and child relations that research has shown to be correlated to secure attachment and life satisfaction (Dinero, Conger, Shaver, Widaman and Laresen-Rife, 2008; Henry, 1994; Chang, McBride Chang, Stewart & Au, 2003). Dismissing and fearful attachment patterns are both characterised by low trust in others (Baron, Branscombe &

Byrne, 2009, p.247). Given that lower quality parent and adult child relations was found to correlate to lower satisfaction with life and the attachment styles that are both characterised by mistrust of others, the current results fit well with previous results found. Therefore, it may lead to the conclusion that sensitivity, warmth, support and encouragement may be facets of the parent- adult child relation specifically influence satisfaction with life and attachment style. Furthermore, Levesque (2012) emphasised the importance of the family environment on attachment particularly the emotional and social aspects including such concepts as family cohesion, respect for privacy, closeness and autonomy, and these are instigated by the parents and a significant negative relationship between autonomy and anxiety and avoidance was found. Evidence for Bowlbys theory of attachment is confirmed with secure attachment being influenced by independence and a strong identity as well as insecure attachment styles being related to lower quality relations between parent and child.

Age and generational differences were also investigated in the analysis but no significant results were found.

12.1 Limitations

A strength of the present study is that in contrast to previous research, this study focused on the adult- child's perspective rather than the parent's one and although the present research did find some significant results, it is important to identify its limitations. One concern expressed by Lye (1996) is the unit of analysis in studies of family relations. Whether it is parent and child dyads or singular reports from parents or adult children, results will only show certain aspects family relations and not the complete picture. All familial relations should be assessed within the one family, as they are interconnected which makes sense in terms of the current findings. All parent-child dyads should be included so that ways

in which one dyad might affect another may be identified (Lye, 1996). Furthermore, Umberson (1992) used several more subjective questions to assess parent and adult child relations asking participants the degree to which family members may be critical of them or supportive etc., to get a better idea of the multiple dimensions in which family members relate to one another.

Although a strength of this study was that the concept was relatively unexplored, the study may have missed out on aspects of family structure which may have affected the results. Research suggests that intrafamilial relations are influenced by family structure (e.g. number of brothers or sisters, marital status) with size being only one facet (Umberson, 1992).

Finally, upon reflection, there may be more appropriate measures which can be used when investigating family dynamics and relationships. For example, the Oxford Happiness Inventory used by Khodaharimi and Ogletree (2011) measured several dimensions at once including life satisfaction, attention to emotion and self esteem. By using that measure, the analysis is not restricted to just one correlation between two variables and if one is measuring happiness for example, the particular aspect of happiness can be pinpointed to. In addition, two subscales of the RSQ measure used here had low reliability (Backstrom & Holmes, 2001). Therefore careful attention must be paid to the reliability and validity of measure prior to use.

12.2 Future research recommendations

Future research should aim to investigate the various dimensions of parent and adult child relations and from all family members' perspectives. These dimensions include quality of parent and adult child relations, financial and emotional support and contact to name but a few. The research should also factor family structure i.e. size, presence of female and male

siblings, marital status of parents etc. By incorporating all facets of family dynamics, multiple regression analyses can be conducted to identify exactly how strongly correlated variables are or what kind of relations predict certain outcomes. Furthermore, longitudinal analysis incorporating qualitative and quantitative data would be the most appropriate way to investigate family dynamics, how they change over time and their consequences for all parties involved.

13. Conclusion

It appears that family size alone may not affect the quality of relations between adult children and their parents, attachment, satisfaction with life and general health. However, lower quality of relations with parents is related to lower satisfaction with life, and dismissive and fearful attachment styles. These results fit with previous research in that area and there seems to be a pattern emerging that certain facets of parent and child relations such as warmth, sensitivity, encouragement and support are central to these relationships from childhood to adulthood (Dinero, Conger, Shaver, Widaman and Laresen-Rife, 2008; Henry, 1994; Chang, McBride Chang, Stewart & Au, 2003). What is also interesting is that the observational ratings of the quality of parent and child relationships used in the previous research, corresponds to self report ratings of adults used in the present study. The overall findings emphasise the importance of nurturance within the parent- child dyad and provides evidence to support attachment theory. The results of this study can be used to support parent education programmes, parent and child classes and can be incorporated into family counselling.

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Appendix

Questionnaire Booklet

Dublin Business School
13/14 Aungier Street
Dublin 2

Dear participants,

My name is Gwen Mannion. I am a third year psychology student and I am doing my thesis on the relationship between family size, quality of parent and adult child relations, attachment, general health and satisfaction with life.

This booklet contains several questionnaires which I will ask you to fill out in full. It will take no longer than 15 minutes. You do not have to participate however all questionnaires are anonymous. Once handed up, questionnaires cannot be retrieved.

If you require further information, or if you would like to know the results of the study feel free to contact me by e-mail at [REDACTED]

Thank you for your participation

Demographics

Please tick to indicate your consent to participate in this study:

Age:

Gender : Male Female

Number of siblings you have :

Quality of Parent – Adult child relations.

1. Describe your relationship with your parents (Please circle number).

Very Poor

Excellent

(1)

(2)

(3)

(4)

(5)

(6)

(7)

RSQ

Please read each of the following statements and rate the extent to which you believe each statement best describes your feelings about your feelings about close relationships.

	Not at all like me		Somewhat like me		Very much like me
1. I find it difficult to depend on other people.	1	2	3	4	5
2. It is very important to me to feel independent.	1	2	3	4	5
3. I find it easy to get emotionally close to others.	1	2	3	4	5
4. I want to merge completely with another person.	1	2	3	4	5
5. I worry that I will be hurt if I allow myself to become too close to others.	1	2	3	4	5
6. I am comfortable without close emotional relationships.	1	2	3	4	5
7. I am not sure that I can always depend on others to be there when I need them.	1	2	3	4	5
8. I want to be completely emotionally intimate with others.	1	2	3	4	5
9. I worry about being alone.	1	2	3	4	5
10. I am comfortable depending on other people.	1	2	3	4	5
11. I often worry that romantic partners don't really love me.	1	2	3	4	5
12. I find it difficult to trust others completely.	1	2	3	4	5
13. I worry about others getting too close to me.	1	2	3	4	5
14. I want emotionally close relationships.	1	2	3	4	5
15. I am comfortable having other people depend on me.	1	2	3	4	5
16. I worry that others don't value me as much as I value them.	1	2	3	4	5
17. People are never there when you need	1	2	3	4	5

them.

- | | | | | | |
|---|---|---|---|---|---|
| 18. My desire to merge completely sometimes scares people away. | 1 | 2 | 3 | 4 | 5 |
| 19. It is very important to me to feel self-sufficient. | 1 | 2 | 3 | 4 | 5 |
-
-

- | | Not at
all
like me | | Somewhat
like me | | Very
much
like me |
|---|-----------------------------------|---|-----------------------------|---|----------------------------------|
| 20. I am nervous when anyone gets too close to me. | 1 | 2 | 3 | 4 | 5 |
| 21. I often worry that romantic partners won't want to stay with me. | 1 | 2 | 3 | 4 | 5 |
| 22. I prefer not to have other people depend on me. | 1 | 2 | 3 | 4 | 5 |
| 23. I worry about being abandoned. | 1 | 2 | 3 | 4 | 5 |
| 24. I am somewhat uncomfortable being close to others. | 1 | 2 | 3 | 4 | 5 |
| 25. I find that others are reluctant to get as close as I would like. | 1 | 2 | 3 | 4 | 5 |
| 26. I prefer not to depend on others. | 1 | 2 | 3 | 4 | 5 |
| 27. I know that others will be there when I need them. | 1 | 2 | 3 | 4 | 5 |
| 28. I worry about having others not accept me. | 1 | 2 | 3 | 4 | 5 |
| 29. Romantic partners often want me to be closer than I feel comfortable being. | 1 | 2 | 3 | 4 | 5 |
| 30. I find it relatively easy to get close to others. | 1 | 2 | 3 | 4 | 5 |

General Health Questionnaire

We should like to know if you have had any medical complaints and how your health has been in general, *over the last few weeks*. Please answer **ALL** the questions simply by underlining the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those that you had in the past.

It is important that you try to answer **ALL** the questions.

Thank you very much for your co-operation.

HAVE YOU RECENTLY:

1. Been able to concentrate on whatever you're Doing?	Better than usual	Same as usual	Less than usual	Much less than usual
2. Lost much sleep over worry?	Not at all	No more than usual	Rather <i>more</i> than usual	Much more than usual
3. Felt that you are playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less useful
4. Felt capable of making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less capable
5. Felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
6. Felt you couldn't overcome your difficulties?	Not at all	No more than usual	Rather more than usual	Much more than usual
7. Been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual
8. Been able to face up to your problems?	More so than usual	Same as usual	Less able than usual	Much less able than usual
9. Been feeling unhappy and depressed?	Not at all	No more than usual	Rather more than usual	Much more than usual
10. Been losing confidence in yourself?	Not at all	No more than usual	Rather more than usual	Much more than usual
11. Been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
12. Been feeling reasonably happy all things considered?	More so than usual	About same as usual	Less so than usual	Much less than usual

The Satisfaction with Life Scale

DIRECTIONS: Below are five statements in which you might agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by placing the appropriate number in the line preceding that item. Please be open and honest in your responding.

1 = Strongly Disagree

2 = Disagree

3 = Slightly Disagree

4 = Neither Agree or Disagree

5 = Slightly Agree

6 = Agree

7 = Strongly Agree

_____1. In most ways my life is close to my ideal.

_____2. The conditions of my life are excellent.

_____3. I am satisfied with life.

_____4. So far I have gotten the important things I want in life.

_____5. If I could live my life over, I would change almost nothing.

Thank you for completing the questionnaires!

If this experience raised any issues or negative experiences you can call

The Samaritans on 1850 60 90 90

If you need to contact me, you can do so at 