The Impact of Family Dynamics on Emotional Resilience and Self-Esteem in Adults

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Table of Contents

Abstract

The current study examined the impact of family dynamics, specifically family functioning and family structure, on emotional resilience and self-esteem in adults. While previous research has established the influence of family dynamics on psychological well-being, much of it has focused on children, often overlooking the long-term effects on adults. The present study aimed to address this gap in literature by focusing on adults, with participants recruited through snowball sampling and convenience sampling (N = 141). Findings from Spearman's rho correlation coefficient revealed that positive family functioning is associated with greater self-esteem and emotional resilience. Findings from Kruskal Wallis test revealed kinship family structure reported the highest levels of self-esteem and emotional resilience. Findings provide a greater understanding of the complexity of family dynamics, emphasising the importance of a cohesive family environment in promoting emotional resilience and self-esteem across the lifespan. Implications of these findings suggest mental health professionals develop programmes focusing on improving family function as well as the promotion of parental education.

Keywords: Emotional Resilience, Self-Esteem, Family Dynamic

Introduction

Family system theory, which was proposed by Murray Bowen in 1950, is based around the idea that a family is viewed as a cohesive emotional unit, where each member of that family is connected (Bowen & Kerr, 1988). The theory suggests that changes in behaviour of a single family member are likely to have an influence on the way the family functions over time (GoodTherapy, 2018). Drawing from this theory and its idea that the structure and behaviour of a family relationship system can play an important role in the formation of an individual (GoodTherapy, 2018), families, due to their large significant influence, can give rise to various challenges, including marital problems, social problems, educational issues, and more (Bell & Bell, 2005; Härkönen et al., 2017; Wolfinger, 2005).

Family Dynamics

In the year 2022 there were 4,915 divorces in Ireland, which was a 5% increase since 2021 (Courts service annual report for 2022 published, n.d.). Divorce, along with various family structures, whether the family is a blended family or a sole-parent household, has been demonstrated to significantly impact the lives of both children and adults (Wolfinger, 2005). For instance, resilience levels differ notably between individuals raised in sole-parent households and those from nuclear families (Lahiri & Verma, 2023; Malik et al., 2022). Kinship care, which is where children are raised by relatives rather than parents, is often linked to lower self-worth (Taylor et al., 2011). In contrast, investigations led by Winokur et al. (2015) suggest that kinship care can also provide greater stability and better mental health outcomes than foster care, leading to improved long-term emotional and behavioural development. Moreover, adults and children in blended families are frequently perceived to experience higher levels of conflict and dysfunction, with research suggesting they face increased stressors (Hetherington, 2003; Planitz & Feeney, 2009).

The impact of family transitions extends beyond family structure alone. Evidence suggests that shifts between family structures, particularly from a nuclear family to a sole-parents household are associated with increased behavioural problems, with adults and children often confronting more stressors and difficulties in personal adjustment and family relations (Hetherington, 2003; Ryan et al., 2014). This may partly account for the higher levels of happiness reported by individuals from two-parent households compared to those form single-parent households (Holman & Woodroffe-Patrick, 1988). It is important to note that issues that have arisen from divorce, are potentially due to factors that were presented before the divorce, such as temperament or excessive marital conflict between the parents (Boyd & Bee, 2012).

However, such effects are not limited to the structure of a family but also the quality of family functioning. Family resilience refers to the ability of family members to navigate adversity effectively, fostering an environment of warmth, support and strong bonds (Black & Lobo, 2008). Family resilience is an important concept in the development of an individual, which involves recognising, strengthening and encouraging this resilience (Black & Lobo, 2008). In the building of family resilience, the family as a unit is further strengthened (Walsh, 1996). There are several predictors of poor family functioning within a family unit, such as maternal distress during a child's early years (Pu & Rodriguez, 2023). Through the various effects and consequences of different levels of family functioning, studies have shown that better family functioning is associated with improved children's mental health and respect (MaraisW, 2024; Sunseri, 2019).

Self-esteem

The concept of self-esteem is woven into many aspects of modern life, with a conceptual idea that having high self-esteem is critical for success (Orth & Robins, 2014). Self-esteem refers to how positively a person views the qualities and traits within their own

self-concept, it encompasses ones physical self-image, perception of achievements and abilities, alignment with personal values, and how others perceive and react to them (APA dictionary of psychology, 2023). Self-esteem relates to concepts such as honesty, courage, dignity, faith, intellectual energy, optimism, personal and social responsibility (Mecca et al., 1989). Throughout various research it has been conceptualised that high self-esteem is an important ingredient for stable and good mental health, with high self-esteem having a strong relation to happiness and low self-esteem is more likely to lead to depression (Baumeister et al., 2003). The causes of such feelings begin in early childhood or adolescence, with negative experiences causing a poor opinion of oneself (Whelan, 2024). With feelings of low self-esteem possibly being rooted in childhood, potential causes include but are not limited to: experiencing criticisms from parents, being raised by emotionally distant parents, having a childhood trauma such as divorce, having a physical and/or mental disability (Whelan, 2024).

Self-Esteem and Family

Previous research has shown that self-esteem is directly influenced by family experiences, with higher levels of parental support leading to higher levels of self-esteem, with unmarried parents being a risk factor of low self-esteem (Bell & Bell, 2005; Mandara & Murray, 2000). Building from these findings, Amato (2001) investigated the impact of divorce on children, revealing that children from divorced families scored lower in academic performance, behaviour, mental health, self-esteem, and social skills compared to their peers from intact families. While these findings highlight significant challenges faced by children of divorce, the study does not consider the variability in post-divorce family environments, such as the quality of co-parenting or socioeconomic status, which are known to influence child outcomes. In similar light, research found that after divorce, the loss of conversation confidence with fathers had a significant impact on adolescences' health and self-esteem. This suggests that the quality of father-child communication post-divorce can have long-term

effects on one's emotional well-being (Meland et al., 2019). Furthermore, Chavda and Nisarga (2023) found that children in single-parent families are at greater risk to experience emotional and behavioural difficulties, decreased social contact, and worse academic achievement. However, their findings do not account for mitigating factors, such as the presence of strong parental support, which may buffer these adverse effects.

There are various factors, beyond family structure, that significantly influence the self-esteem of an individual. Parental emotional support plays a pivotal role, positively impacting happiness, self-esteem, emotional intelligence, and the prevalence of emotional problems (Lim et al., 2014; Yeung & Leadbeater, 2009). Low socioeconomic status, for instance, adversely affects family well-being and the developmental outcomes of children and adolescents (Letourneau et al., 2011). Children from families with low socioeconomic status often face challenges that negatively affect their cognitive and emotional well-being, including self-worth, life satisfaction, and overall self-esteem (Lindberg et al., 2020). These challenges are linked to family-related stressors, such as limited resources, which can undermine parental support and stability, ultimately impacting the development of self-esteem (Lindberg et al., 2020).

Emotional Resilience

Emotional resilience is the ability to bounce back from adversity when life presents challenges and it is a learned skill set needed for individuals to cope well under pressure (Grant & Kinman, 2014; Pahwa & Khan, 2022). While some may naturally possess emotional resilience, the majority of people can cultivate and enhance it through conscious effort and training (Pahwa & Khan, 2022). Higher emotional resilience is linked to experiencing more positive emotions, exhibiting fewer negative responses, and recovering more effectively from stress and trauma (Wang et al., 2016). It demands a high level of self-awareness, effective self-regulation and various other qualities. Factors such as stress,

burnout, lack of social support and negative thinking can adversely affect emotional resilience (Pahwa & Khan, 2022). Similarly, it was found that emotional resilience is significantly and negatively correlated with depression (Ng & Wan Sulaiman, 2017), which may lead to effects in physical health, changes to sleep, poor concentration and cause difficulty in all areas of life (World Health Organization, 2019). In this context, a study by Kavitha et al. (2024) explored ChatGPT's role in enhancing emotional resilience for Generation Z, which reveal that this AI tool can provide valuable support by fostering emotional well-being through personalised interactions and active listening.

Emotional Resilience and Family

Research has found that family cohesion has a strong relationship with emotional resilience, with adolescents from single-parent families having lower emotional resilience (Ng & Wan Sulaiman, 2017). Secure attachment has a profound role in childhood in fostering emotional resilience (Martín Quintana et al., 2023). Secure attachment is developed through consistent relationships with attachment figures in childhood. Secure attachment is a stable attachment style for children, with the concept that stability is particularly vital in the role of resilience (Boyd & Bee, 2012). This stability, both physical and emotional, enables a person to perceive problems in a balanced way, facilitating focused thinking, judgement and evaluation skills (Chaturvedi & Chander, 2010). Families that promote secure attachments and cohesive environments equip their children with the necessary tools to cope effectively, enhancing their emotional resilience in both childhood and adulthood. Moreover, the relationship between family dynamics and emotional resilience extends later in life. Research suggests that positive family functioning among the elderly is linked to greater resilience and improved quality of life, highlighting the ongoing influence of family cohesion and secure attachment throughout the lifespan (Lu et al., 2017).

Self-esteem, Emotional Resilience and Family

Emotional resilience and self-esteem are two critical traits that help individuals thrive in life. Both are deeply influenced by early family dynamics, with secure family attachments and positive support systems providing a foundation for resilience and self-esteem (Martín Quintana et al., 2023). By building these crucial traits, an individual increases their confidence, motivation, and ability to overcome challenges. Emotional resilience and self-esteem go hand in hand. By building these critical traits, an individual can improve their mental health, relationships, and overall quality of life (FearLess, 2023). Martín Quintana et al, (2023) conducted a study with 383 adult participants, investigating the influence of perceived security in childhood on the adults' self-concept. The results of this study showcased secure attachment styles foster enduring positive effects on emotional well-being, highlighting how early experiences of security are foundational to adult emotional resilience and self-esteem.

Gaps

Prior research has predominately focused investigations on family dynamics and their effects on children (Wang et al., 2020), with less attention given to how family functioning and family structure impact adults rather than children (for example, Treves et al., 2023; Zolkoski & Bullock, 2012), particularly in the areas of emotional resilience and self-esteem. Investigating adults instead of children offers the opportunity to understand the cumulative impact of family relationships across their lifespan, especially in terms of self-esteem and emotional coping mechanisms. As individuals grow older, they navigate increasingly complex and autonomous environments, where family relationships may still play a role in shaping their coping abilities and self-worth.

Studies that examine emotional resilience and self-esteem frequently focus on attachment styles rather than exploring family structure and functioning (Martín Quintana et

al., 2023). It is important to examine family functioning and structural variables such as whether or not the family is intact as these have a direct influence on an individual's psychological outcomes. Therefore observing both family structure and family functioning provides a deeper insight into how one's family influences emotional resilience and self-esteem in adults.

The current study aims to address this gap in the literature by exploring the nuanced ways in which family dynamics influence psychological outcomes in adulthood. Building on the recommendations of Chan & Lo (2014), which called for further investigation of family relationships and self-esteem, this research seeks to expand the understanding of how family systems continue to shape individuals in later life. This study will contribute critical insight into how the ongoing influence of family can impact self-esteem and emotional resilience, areas often overlooked in current research. Addressing such gaps creates potential for further contribution to the development of research by addressing the effects of family functioning on emotional well-being with adults.

The Current Study

The aim of the current study is to examine the impact of family dynamics, with respect of family functioning and family structure, on emotional resilience and self-esteem in adults. The sample age of 18 years old and above was selected in order to address the appointed gap in the literature, with the aim to shed light on these under-researched perspectives.

This research aims to address the following research questions;

RQ1: Does Family Functioning influence Emotional Resilience in Adults?

RQ2: Does Family Functioning have an impact on Self-Esteem levels in Adults?

RQ3: Do different Family Structures affect Emotional Resilience in Adults?

RQ4: Do different Family Structures have an influence on Self-Esteem levels in Adults?

Based on previous literature, we hypothesise;

H1: Adults who report higher levels of positive family functioning will demonstrate higher levels of emotional resilience compared to adults who report lower levels of positive family functioning.

H2: Adults who experience higher levels of positive family functioning will report higher self-esteem levels compared to adults who experience lower levels of positive family functioning.

H3: Adults from nuclear families will show higher levels of emotional resilience compared to adults from other families.

H4: Adults from nuclear families will show higher levels of self-esteem compared to adults from other families.

Methods

Research Design

This is a quantitative study that employs a cross-sectional design, as all data was collected at a specific point in time. Spearman's Rho correlation coefficients were conducted to assess the first and second hypotheses, examining the associations between family functioning and emotional resilience (H1) and family functioning and self-esteem (H2). A Kruskal-Wallis test was conducted to assess the third and fourth hypotheses, examining differences in emotional resilience across family structures (H3) and differences in self-esteem across family structures (H4). The independent variables (IVs) were family structure and family functioning, while the dependent variables (DVs) were self-esteem and emotional resilience. The predictor variables (PVs) included family functioning and demographics, while the control variables (CVs) were demographics. Data was collected using a validated questionnaire to ensure accuracy and reliability.

Participants

The total sample size consisted of 141 participants, 99 of which were female and 42 male. Participants were obtained through the techniques of snowball sampling and convenience sampling. Convenience sampling was conducted through the use of social media, such as sharing links online and sending links into various group chats such as WhatsApp, messenger, LinkedIn, and Instagram. Simailarly, it was shared to family and friends, which led to snowball sampling. Participants were required to be 18 years or older, as the study focused exclusively on adults due to the appointed gap in the literature. Participants of this study were non-identifiable as there was no personal information provided linking any of the data to a certain individual. Similarly, the number of participants who viewed this study and decided not to take part is unknown. Participants exhibited an average age of 24.82

years, with the age ranging from 18- 81 years. The number of participants required was suggested by G*power which suggested that for an ANOVA one way between test a sample size of 135 participants would be needed. With an effect size (f=.35), an error probability (.05), power (.08), numerator df (8) and number of groups (9) results in a sample size of 135 (see appendix A). Although the study initially accounted for nine family structure categories, only five were presented in the final sample. No participants identified with the remaining four family structures, leading to their exclusion from the analysis.

Measures

Cronbach's Alpha

Reliability analysis was conducted to assess the internal consistency of the three scales. The Family Functioning Scale showed poor internal consistency, Cronbach's Alpha = .386, suggesting potential measurement limitations. These limitations will be further explored in the discussion section. In contrast, the Self-Esteem Scale demonstrated excellent internal consistency, Cronbach's Alpha = .928, suggesting strong reliability, while the Emotional Resilience Scale also exhibited high internal consistency, Cronbach's Alpha = .905, confirming strong reliability among the items.

Demographics

Gender was collected categorically with the following options of male, female, non-binary and prefer to self-describe (see appendix B for further details). Age was collected numerically as participants filled in their age themselves (see appendix B for further details). Family structure was collected categorically with 10 possible options participants could select, with options such as nuclear, blended, extended and 7 more options (see appendix B for further details).

Family functioning scale

The family functioning scale (Wagner et al., 2010) is an 18 question scale, with 4 subsections; communication, monitoring, conflict and cohesion. Parent/child communication and parental monitoring questions are assed on four-point scale (1= never, 2= occasionally, 3= often, 4= very often) with a Cronbach's alpha of 0.85 for parent/child communication and a Cronbach's alpha of 0.63 for parental monitoring. Family conflict and family cohesion questions are assessed on five-point scale (1= almost never, 2= rarely, 3= sometimes, 4=often, 5= almost always) with a Cronbach's alpha of 0.63 for family conflict and a Cronbach's alpha of 0.79 for family cohesion. An example of two items relating to this scale is as follows: *"How often do you talk to your parents about what's on your mind?"* and *"How often do you ask your parents for advice?"* (see appendix C for further details).

Emotional resilience scale

The emotional resilience scale (Meer et al., 2018) is a 9-question, 5-point Likert scale (1= completely, 2= disagree 3= neutral, 4= agree, 5= completely agree) with a Cronbach's alpha ranging from .789 to .898. An example of two items relating to this scale is as follows: *"I have confidence in myself"* and *"I can adjust in a difficult situation"* (see appendix D for further details).

Self-esteem scale

Following this the individuals completed a self-esteem scale (Railic et al., 2019). This is a 6 question, 6-point Likert scale (1= strongly disagree, 2= mostly disagree, 3= slightly disagree, 4= slightly agree, 5= mostly agree, 6= strongly agree), with a Cronbach's alpha of .95. An example of two items relating to this scale is as follows: *"I think of myself in positive terms"* and *"I believe I make valuable contributions."* (see appendix E for further details).

After collecting data from the survey, the data was exported to excel and organised in a clear, systematic format in preparation to import it to SPSS. The variables were renamed

and converted into numeric values. Once imported to SPSS, the data was reviewed to confirm that all variables were correctly classified before proceeding with data analysis.

Procedure

Data was collected online through a Google Forms survey. Firstly this survey was piloted to determine the length of the survey and to make sure no issues were encountered. The reasoning behind piloting the survey was also to view what a participant would experience if they were to take part in the survey. The average time for completion of the survey was 5 minutes and there was no issues found. The survey was then posted and sent to various group chats with a brief description of the study, eligibility criteria for participation, and it invited anyone who wished to take part in the study to click the link. Data collection was from the 4th of November to the 19th of November, where 141 participants were obtained (n = 141).

Firstly the participants were presented with the information sheet before conducting the survey which provided them with details of this study such as what it involves, if they have to take part, what the risks and benefits are and what will happen with their data (for further details see appendix F). Individuals were provided with a consent form which had a layout of everything they were agreeing to partake in. Mandatory consent was collected before allowing them to continue with the questionnaire (for further details see appendix G).

Following the information sheet and consent form, participants were required to provide demographic details, including age, gender and family structure (for further details see appendix B). After completing the demographic section, participants proceeded to complete three validated scales in a fixed order. The first scale assessed family functioning (Wagner et al., 2010), measuring various dimensions such as communication, monitoring, conflict, and cohesion. Next, participants completed the emotional resilience scale (Meer et al., 2018), which evaluated their ability to adapt and maintain emotional stability in response to stress or adversity. Finally, participants were presented with the self-esteem scale (Railic et al., 2019),

which measured their overall sense of self-worth and confidence. Following completion of the questionnaire, participants were showcased the debriefing form, which provided participants with various helplines such as askonefamily helpline, parent support line and anonymous text support (see appendix H for full debriefing form). Participants then clicked submit. This research study was approved by the National College of Ireland's Ethics Committee and is in line with The Psychological Society of Ireland Code of Professional Ethics (2010) and the NCI Ethical Guidelines and Procedures for Research involving Human Participants.

Results

Descriptive statistics

Frequencies were conducted for gender and family structure. The total sample size consisted of 141 participants (female: *n* = 99, male: *n* = 42). The sample comprised of 29.8% male and 70.2% female participants (see Table 1). In terms of family structure, the majority of participants were from nuclear families (n = 100), followed by blended families (n = 18), sole-parent families (n=18), extended families (n = 4), and kinship care (n = 1), with no participants from same-sex couple, communal, adoptive or foster families (see Table 1). Descriptives were run for age. Participants exhibited an average age of 24.82 years (SD=10.81), with ages ranging from 18 to 81 years (see Table 2).

Preliminary analysis of the dataset, assessed using the Shapiro-Wilk test, indicated that age, self-esteem, and emotional resilience did not meet the assumptions of normality, while family functioning did. The results showed that age ($p < .001$), self-esteem ($p < .001$), and emotional resilience ($p = .005$) were non-normally distributed, whereas family functioning ($p = .634$) was normally distributed. It was therefore necessary to use the Spearman's Rho's correlation and the Kruskal-Wallis test as a nonparametric alternative of the Pearsons correlation and the one-way between groups ANOVA. These findings were supported by histogram analyses, with all continuous variable histograms presented in Appendix I.

Table 1

Frequencies for categorical Gender and Family structure (n= 141)

Variable	Frequency	Valid %
Gender		
Male	42	29.8%

Female	99	70.2%
Family structure		
Nuclear	100	70.9%
Blended	18	12.8%
Sole parent	18	12.8%
Extended	4	2.8%
Kinship	1	0.7%

Table 2

Descriptive statistics for Age, Family Functioning, Self-Esteem and Emotional Resilience

Variable	*M* [95% CI]	*SD*	Range
Age	24.82 [23.02, 26.62]	10.81	18 - 81
Family Functioning	49.74 [48.79, 50.70]	5.74	37 - 65
Self Esteem	25.15 [24.00, 26.30]	6.88	6 – 36
Emotional Resilience	31.50 [30.36, 32.65]	6.86	9 – 45

Inferential statistics

Hypothesis 1

The relationship between family functioning and emotional resilience was investigated using a Spearman's Rho correlation coefficient. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity and homoscedasticity. There was a weak, positive correlation between the two variables (r = .16, n = 141, p=.06). This indicates that the two variables shared approximately 2.56% of the variance in common. Although the findings suggest that higher levels of family functioning

are associated with higher levels of emotional resilience, the result did not identity a statistically significant correlation between the two variables, as the p-value exceeded the conventional threshold of $p < .05$.

Hypothesis 2

The relationship between family functioning and self-esteem was investigated using a Spearman's Rho correlation coefficient. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity and homoscedasticity. There was a weak moderate, positive correlation between the two variables ($r = .23$, $n = 141$, $p = .006$). This indicates that the two variables shared approximately 5.29% of the variance in common. The statistically significant results indicate that higher levels of family functioning are associated with higher levels of self-esteem.

Hypothesis 3

A Kruskal-Wallis test was conducted to compare emotional resilience levels across five family structure groups (Gp1, n = 100: Nuclear, Gp2, n = 18: Blended, Gp3, n = 18: Sole parents, Gp4, n = 4: Extended, Gp5, n = 1: Kinship). Results of the Kruskal-Wallis test did not identify a statistically significant difference in emotional resilience levels across the five family structures, χ^2 (4, $n = 141$) = 4.85, $p = .304$. The Kinship group recorded the highest median score (Md = 40), followed by the Extended group (Md = 35), the Sole Parents group (Md = 34), the Blended group (Md = 32.5), and the Nuclear group, which had the lowest median score (Md = 32).

Hypothesis 4

A Kruskal-Wallis test was conducted to compare self-esteem levels across five family structure groups (Gp1, n = 100: Nuclear, Gp2, n = 18: Blended, Gp3, n = 18: Sole parents, Gp4, n = 4: Extended, Gp5, n = 1: Kinship). Results of the Kruskal-Wallis test did not identify a statistically significant difference in self-esteem levels across the five family

structures, χ^2 (4, n = 141) = 1.84, p = .765. The Kinship group recorded the highest median score (Md = 32), followed by the Extended group (Md = 28), the Blended group (Md = 27.5), the Nuclear group (Md = 26), and the Sole parent group, which had the lowest median score (Md = 25.5).

Discussion

The current study aimed to investigate the impact of family dynamics, with respect to family functioning and family structure, on emotional resilience and self-esteem in adults. Prior findings have shown that family structure and family functioning have profound effects on an individual's psychological well-being, influencing emotional development, self-esteem, and coping mechanisms throughout life (Bell & Bell, 2005; Mandara & Murray, 2000; MaraisW, 2024; Ng & Wan Sulaiman, 2017; Ryan et al., 2014; Sunseri, 2019). Previous researchers found a tendency to focus on children and adolescents when investigating family dynamics, often overlooking the long-term effects on adults (for example, Treves et al., 2023; Zolkoski & Bullock, 2012). Through this research, four hypotheses were formulated to address the study's aims.

It was hypothesised, based on prior literature, that (H1) there would be a relationship between high levels of positive family functioning and high levels of emotional resilience. This was explored using a Spearman's Rho correlation coefficient; from this the hypothesis was supported and it was found that there is a weak, positive correlation between family functioning and emotional resilience. While the results did not identify a statistically significant correlation between the variables, these findings suggested that higher levels of family functioning are associated with higher levels of emotional resilience. This aligns with numerous studies that have shown that positive family functioning tends to promote greater emotional resilience (Kukihara et al., 2020; Martín Quintana et al., 2023; Ng & Wan Sulaiman, 2017; Zarei & Fooladvand, 2022). However, it is important to note the accuracy of the family functioning scale may have influenced these findings, as such, the weak positive correlation between the variables could be attributed to measurement limitations. Nevertheless, these results remain consistent with the findings of multiple studies that show

positive family functioning promotes greater emotional resilience (Kukihara et al., 2020; Martín Quintana et al., 2023).

For H2, a Spearman's Rho correlation coefficient was employed to investigate the relationship between family functioning and self-esteem. Results supported the hypothesis revealing a statistically significant, weak, positive relationship between family functioning and self-esteem. This indicates that higher levels of positive family functioning are associated with higher levels of self-esteem. This aligns with previous research which showcases the direct impact of family experiences on self-esteem, where increased parental support is associated with higher self-esteem levels. In particular, family environments marked by support and healthy functioning being linked to better outcomes in self-esteem in adulthood (Bell & Bell, 2005; Mandara & Murray, 2000; Paki et al., 2015). While this research did not control for gender, it is worth noting that previous research has predominately focused on female participants. This study, with 70% women (female: n = 99 male: n = 42), aligns with the gender distribution in studies by Bell & Bell (2005), which had 68% women (female: n = 120, male: n = 54), Mandara & Murray (2000), with 64% women, and Paki et al. (2015), which focused exclusively on women. Thus, while the results of this study are consistent with previous research, the gender composition should be acknowledged as a potential factor in shaping the findings.

For H3, a Kruskal-Wallis test was used to explore emotional resilience levels across family structures. It was hypothesised that individuals from nuclear families will show higher levels of emotional resilience. Surprisingly though, through non-significant results the hypothesis was not supported, and it was indicated that individuals from kinship care revealed the highest level of emotional resilience across all family structures, with nuclear families resulting in the lowest levels of emotional resilience. These results are unexpected, given previous research suggesting that the secure attachment typical of nuclear families

fosters emotional resilience (Boyd & Bee, 2012; Chaturvedi & Chander, 2010; Martín Quintana et al., 2023). However, the current study's results suggest the opposite, with nuclear families exhibiting the lowest levels of emotional resilience. The conflicting findings in the literature on kinship care outcomes add complexity to the interpretation. Some studies indicate that kinship care is linked with low resilience, low self-worth and a higher likelihood of experiencing adverse childhood experiences (Taylor et al., 2011; Xu et al., 2022). On the other hand, other studies have suggested that kinship care can provide stability and improve long-term emotional and behavioural outcomes (Winokur et al., 2015). One possible explanation for these discrepancies may be the mental health of the caregiver. This is supported by research suggesting that a caregiver's better mental state is associated with improved mental health outcomes for individuals under kinship care (Xu et al., 2022). Therefore while these results were unexpected, they present intriguing findings that provoke further reflection on the relationship between family structure and emotional resilience.

Lastly, H4 stated that individuals from nuclear families would showcase higher levels of self-esteem, when compared to other family structures. This was investigated using a Kruskal-Wallis test; from this the hypothesis was not supported and it was found that kinship care recorded the highest levels of self-esteem, with sole-parent families resulting in the lowest levels of self-esteem. Although these results deviated from expectations, certain findings aligned with prior research, specifically, the lower self-esteem observed in individuals from sole-parent families. This is supported by previous research highlighting the negative impacts of sole-parent families on low self-esteem (Lahiri & Verma, 2023). Similarly, the unexpected finding that individuals from nuclear families did not report the highest levels of self-esteem is noteworthy, given the substantial body of research supporting the positive effects of this family type. For instance, previous studies have found that individuals from two-parent homes report significantly higher levels of happiness than those

from single-parent households, even when controlling for family conflict (Holman & Woodroffe-Patrick, 1988). However, while these results are unexcepted, prior research has suggested that although kinship family structure has been negatively associated with depressive symptoms and low self-esteem, certain factors, such as the caregiver having good mental health, can foster a positive self-esteem for individuals, potentially outweighing the negative impacts of such structures (Taylor et al., 2011; Xu et al., 2022).

Implications and Future Research

This study provides valuable information that can inform both clinical practices and future research efforts. In the clinical domain, the results, aligning with previous findings, underscore the importance of family functioning in shaping emotional resilience and self-esteem in adulthood. Therefore, mental health professionals could develop and implement family functioning programmes aimed at improving communication, monitoring cohesion, and conflict resolution within families, building off areas assessed on the Wagner et al. (2010) family functioning scale. By enhancing the overall function of family units, such interventions may lead to improved psychological well-being for individuals across different family structures.

In addition to clinical interventions, these findings also underscore the importance of parental awareness and engagement in fostering positive family dynamics. Parents play a key role in shaping their children's emotional resilience and self-esteem (Amato, 2001; Bell & Bell, 2005; Mandara & Murray, 2000; Martín Quintana et al., 2023; Ng & Wan Sulaiman, 2017). Therefore, through the promotion of parental education on the long-term impact of family functioning, this may empower parents to add positive strategies that support their children's emotional and psychological development well into adulthood.

Future studies would benefit from comparative research investigating family functioning and family structure as a whole, rather than examining them separately. While

the results of this study revealed thought-provoking findings, such an approach may provide a more comprehensive understanding of the complex interactions between family structure and family functioning. Investigating these variables together may offer deeper insights into how different family structures influence emotional resilience and self-esteem through specific patterns of family functioning. For instance, understanding whether the protective effects of positive family functioning differ across nuclear, blended, and kinship families could help clarify why certain family structures appear to promote higher self-esteem and resilience despite broader societal challenges. Furthermore, future research could explore the influence of gender and the presence of siblings within the family. Understanding these variables, along with the quality of sibling relationships, would provide greater insight into an individual's psychological well-being, to determine whether they have a meaningful difference.

Strengths and Limitations

A strength of the study was the age range of the sample, which aligns with previous research. This is particularly important given that study focuses on adults, a population that has been under-represented in previous research, making the inclusion of participants aged 18 to 81 years a notable strength. This inclusion of a diverse adults sample adds depth to the findings, as it captures the potential variations in self-esteem and emotional resilience across different life stages. Moreover, the age range is comparable to that in the study by Martín Quintana et al. (2023), which included participants aged 17 to 86 years. Additionally, the focus on adults strengthens the study by addressing the apparent gap in literature, as much of the previous research has focused on younger populations.

The study identifies several limitations. Firstly, a limitation of the study is its use of self-report measures. While responses were anonymous, some participants may have experienced embarrassment or denial regarding the quality of their family functioning, emotional resilience, or self-esteem. The use of self-report scales introduces the risk of self-

selection bias, due to the potential influence of the participants emotions at the time of completion, rather than accurately reflecting their overall perception. Alternative techniques, such as qualitative approaches, could potentially be used in future studies to provide a more impartial review. Additionally, employing a longitudinal design to track the long-term changes in emotional resilience and self-esteem over time could be beneficial to establish causality by identifying patterns and directional influences between these variables, and perhaps provide one with more comprehensive understanding of the topic.

A family functioning questionnaire was utilised for this study, which measures communication, monitoring, conflict and cohesion (Wagner et al., 2010). However, as previously mentioned, this scale showed poor internal consistency, indicating a limitation in the reliability of the measurement tool. Poor internal consistency suggest that the items within the scale are concerned about the accuracy and validity of the findings related to family functioning. As a result, interpretation of relationships between family functioning and other variables should be approached with caution. Future research should address this issue by selecting a more psychometrically robust measure.

Lastly, the final limitation of this study is the lack of diversity in the sample of family structures. While the study includes a range of family types, there remains a substantial gap in the representation. Notably, there are no participants from same-sex, adoptive, communal or foster families, which limits the study's ability to fully capture the nuanced effects of different family structures. Likewise, the sample of the kinship family structure is limited to just one individual ($n = 1$); therefore, the results of this family structure are limited due to the lack of a more inclusive sample. The absence of these perspective restricts the generalisability of the findings. Future studies should strive for a more inclusive sample to provide a more comprehensive understanding of how family structures influence various outcomes.

Conclusions

Overall, there is consistent evidence that family dynamics, including the structure and function of a family, are associated an individual's emotional resilience and self-esteem, with this study further expanding on existing literature and strengthening prior findings. The results showed that higher family functioning is associated with higher emotional resilience and self-esteem. Unexpectantly, the kinship family structure was associated with the highest levels of self-esteem and emotional resilience. Due to some results of this research showcase conflicting evidence regarding the effects of different family structures, ongoing research is required to expand these relationships further. Future studies should strive to implement a new perspective through the examination of both family structure and family functioning as a whole, providing aid into the development of interventions and preventative measure to reduce associated negative outcomes. Family is a complex and ever-evolving construct that influences our environment, development and psychological well-being (Bell & Bell, 2005; Bowen & Kerr, 198; Härkönen et al., 2017; Wolfinger, 2005**)**. It is therefore crucial to continually update and expand knowledge on this topic due to the negative outcomes associated with low self-esteem and low-emotional resilience. Hence, the broader implications of this study are perhaps how mental health professional can adapt new and improve programmes set out to improve family functioning, ultimately promoting better psychological outcomes.

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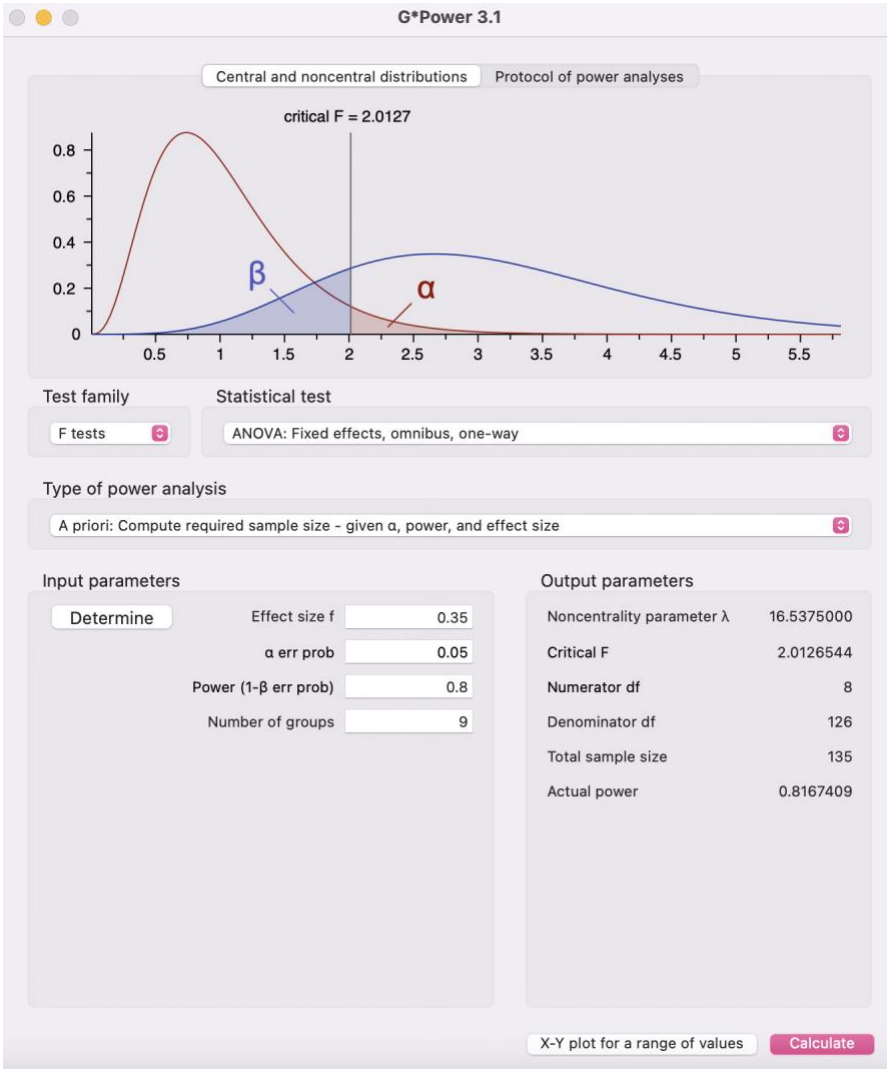
Appendices

Appendix A: G power



Appendix B: Demographic information

What is your gender?

- Male
- Female
- Non-Binary
- Prefer to self-describe

What age are you?

_____

What is your family structure?

- Nuclear (two biological parents)
- Blended (family including step-parents, step-siblings and/or half siblings)
- Sole parent (single-parent family)
- Extended (biological parents and other relatives in the same household)
- Same sex couple (two parents of the same gender)
- Kinship (raised by relatives other than biological parents)
- Communal (multiple families living in the same household)
- Adoptive (two or one parents legally adopted a child)
- Foster (foster care, short term or long term)
- Other

Appendix C: Family functioning scale

Parent/child communication and parental monitoring questions were assessed on four-point scales (1 = never, 4 =very often); family conflict and family cohesion questions were assessed on five-point scales (1 = almost never, 5 =almost always).

Items

Communication

How often do you talk to your parents about what's on your mind?

How often do you ask your parents for advice?

How often do you tell your parents your secrets?

If you had a problem, would you be able to talk to your parents about it?

Monitoring

When you go out with your friends, do your parents ask where you're going?

How important is it to your parents to know where you are at all times?

How often do your parents really know where you are?

Conflict

Family members are afraid to say what is on their minds

Family members avoid each other at home

Family members feel closer to people outside the family than to other family members

It is hard to know what the rules are in our family

We have difficulty thinking of things to do as a family

Cohesion

In our family, everyone shares responsibility

Family members like to spend their free time with each other

Our family tries new ways of dealing with problems

Family members go along with what the family decides to do

Discipline is fair in our family

Family members feel very close to each other

Appendix D: Resilience evaluation scale

All items carry a 5-point range of responses: completely disagree (0), disagree (1), neutral (2), agree (3) and completely agree (4). The total score can be computed by summing the individual item scores, and varies from 0 to 40, with higher scores indicating greater psychological resilience.

1. I have confidence in myself
2. I can easily adjust in a difficult situation
3. I am able to persevere
4. After setbacks, I can easily pick up where I left off
5. I am resilient
6. I can cope well with unexpected problems
7. I appreciate myself
8. I can handle a lot at the same time
9. I believe in myself

Appendix E: Global self-esteem measure

Items utilized a six-point response format expressing a range of agreement/disagreement. All items are scored in the same direction (i.e., there are no reverse-scored items). Items are summed to create a total score that ranges from 6 to 36; higher scores reflect higher self-esteem.

1. I think of myself in positive terms
2. I believe that I make valuable
3. I am satisfied with the qualities I have
4. In general, I am pleased with my achievements
5. I believe in myself
6. I am comfortable with who I am

Appendix F: Information sheet

The Impact of Family Dynamics on Emotional Resilience and Self Esteem in Adults

You are being invited to take part in a research study. Before deciding whether to take part, please take the time to read this document, which explains why the research is being done and what it would involve for you. If you have any questions about the information provided, please do not hesitate to contact me using the details at the end of this sheet.

What is this study about?

My name is Alannah Davitt, I am a final year student in the BA in Psychology programme at National College of Ireland. As part of our degree we must carry out an independent research project.

For my project, I am investigating the impact of family dynamics on emotional resilience and self-esteem in adults. This research targets individuals starting from the age of 18 years old. The aim of this study is to delve into the influences of family functioning and family structure in relation to emotional resilience and self-esteem.

This research will be supervised by Dr Conor Nolan, D.Psych.BAT Chartered Behavioural Psychologist.

What will taking part in the study involve?

If you decide to take part in this research…

- Participants will be asked to complete an online questionnaire.
- The topics you will be asked about are demographic information, family dynamics, family structure, self- esteem and emotional resilience.

Who can take part?

- You can take part in this study if you are aged over 18.
- Reasoning for this is the purpose of this research is to specifically investigate the effects of adults only.

Do I have to take part?

No, you are under no obligation whatsoever to take part in this research. The participation in this research is completely voluntary and you have the right to refuse any questions and withdraw without consequence whenever. It is entirely up to you to decide whether or not you would like to take part. There is a small risk whether these questions may cause individuals to feel upset or distress therefore If there are any questions you feel uncomfortable answering at any stage, feel free to withdraw from taking part in the survey. It is important to note that once you submit your questionnaire, it will not be possible to withdraw your data from the study due to the questionnaire being anonymous and individual responses cannot be identified. However, I hope that you will agree to take part and give me some of your time to complete the survey. If you decide to do so, you will be asked to sign a digital consent form.

What are the possible risks and benefits of taking part?

There are no direct benefits to you for taking part in this research. However, the information gathered will contribute to research that helps us to understand the impact of family dynamics on emotional resilience and self-esteem.

There is a small risk that some of the questions contained within this survey may cause minor distress for some participants. If you experience this, you are free to discontinue participation and exit the questionnaire. Contact information for relevant support services are also provided at the end of the questionnaire

Will taking part be confidential and what will happen to my data?

The questionnaire is anonymous, it is not possible to identify a participant based on their responses to the questionnaire. All data collected for the study will be treated in the strictest confidence.

Only the researcher and academic supervisor will have access to the data collected. Responses to the questionnaire will be fully anonymised and stored securely in a password protected/encrypted file on the researcher's computer. Data will be retained and managed in accordance with the NCI data retention policy. Note that anonymised data may be archived on an online data repository, and may be used for secondary data analysis.

What will happen to the results of the study?

The results of this study will be presented in my final dissertation, which will be submitted to National College of Ireland. There is a possibility that the results from this study may be published in the future.

NCI will have responsibility for the data generated by the research. All local copies of data saved personal password protected devices/laptops will be deleted by the students NCI graduation date or three months after the student exists the NCI psychology programme. Anonymised data will be stored on NCI servers in line with NCIs data retention policy. It is envisaged that anonymised data will also be uploaded to a secondary data repository to facilitate validation and replication, in line with Open science best practice and conventions.

Who should you contact for further information?

For any further information or questions regarding this research or questionnaire please feel free to contact me; Alannah Davitt, x22416032@student.ncirl.ie, or my project supervisor; Dr Conor Nolan, D.Psych.BAT Chartered Behavioural Psychologist, conor.nolan@ncirl.ie

If for any reason this survey has caused distress, please look at contacting help, which I will provide below:

- Text **TALK** to **50808** for anonymous text support
- Phone **1800 910 123** for a parent support line
- Phone **01 662 9212** for askonefamily helpline

Thank you for taking the time to read this

Appendix G: Consent form

You are being invited to take part in a research study on the impacts of emotional resilience and self-esteem in adults. Before deciding whether to take part, please take the time to read this document and provide consent at the end. If you have any questions about the information provided, please do not hesitate to contact me, or my research supervisor using the details at the end of this sheet.

In agreeing to participate in this research I understand the following:

- The method proposed for this research project has been approved in principle by the Departmental Ethics Committee, which means that the Committee does not have concerns about the procedure itself as detailed by the student. It is, however, the above-named student's responsibility to adhere to ethical guidelines in their dealings with participants and the collection and handling of data.
- If I have any concerns about participation, I understand that I may refuse to participate or withdraw at any stage by exiting my browser.
- I understand that once my participation has ended, that I cannot withdraw my data as it will be fully anonymised.
- I have been informed as to the general nature of the study and agree voluntarily to participate.
- All data from the study will be treated confidentially. The data from all participants will be compiled, analysed, and submitted in a report to the Psychology Department in the School of Business.
- I understand that my data will be retained and managed in accordance with the NCI data retention policy, and that my anonymised data may be archived on an online data

repository and may be used for secondary data analysis. No participants data will be identifiable at any point.

- At the conclusion of my participation, any questions or concerns I have will be fully addressed.

For any further information or questions regarding this research or questionnaire please feel free to contact me; Alannah Davitt, x22416032@student.ncirl.ie, or my project supervisor; Dr Conor Nolan, D.Psych.BAT Chartered Behavioural Psychologist, conor.nolan@ncirl.ie

Appendix H: Debrief sheet

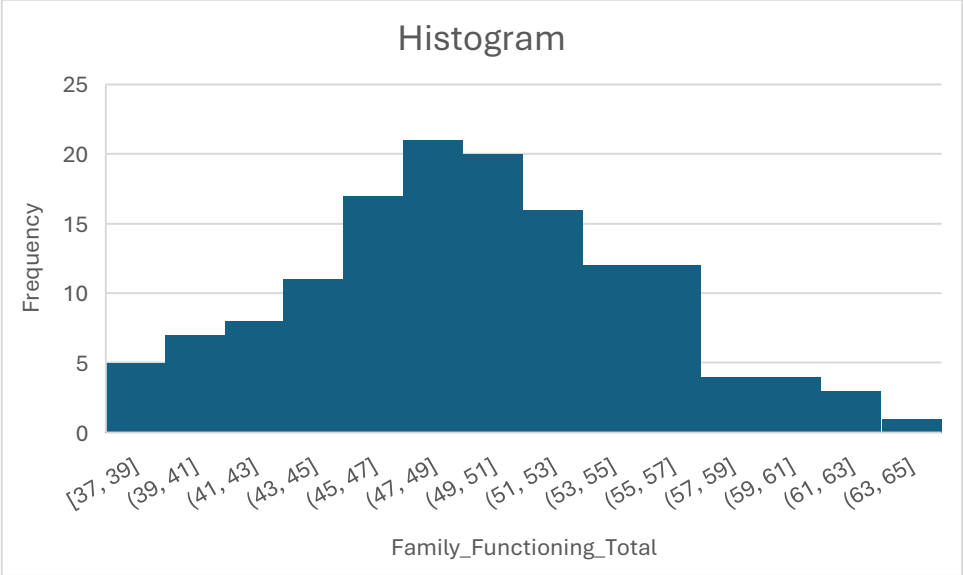
Thank you very much for dedicating your time in order to answer this survey. The findings from this survey will be used to examine the Impact of Family Dynamics on Emotional Resilience and Self-Esteem in Adults. If there are any questions or statements about this survey, please feel free to contact my email, x22416032@student.ncirl.ie .

If for any reason this survey has caused distress, please look at contacting help, which I will provide below:

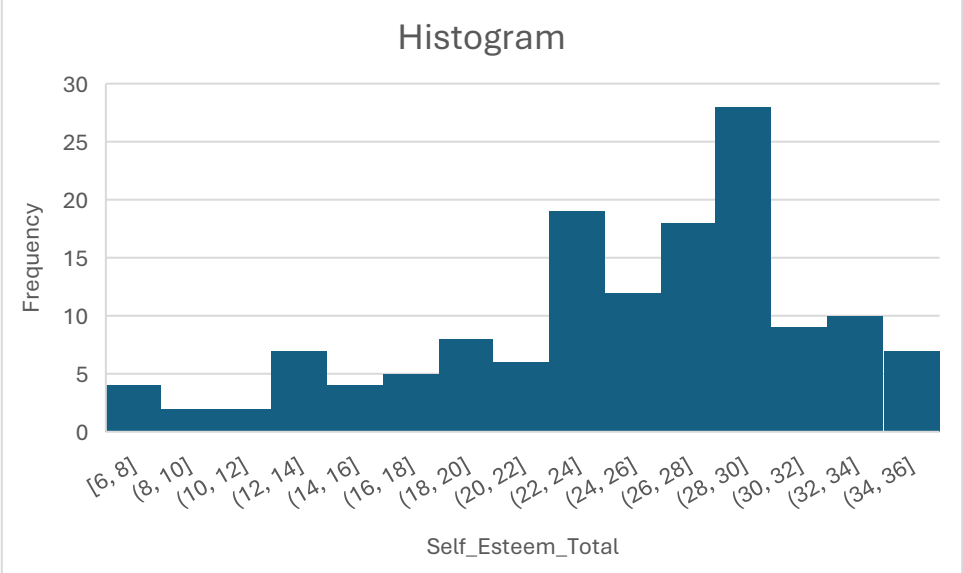
- Text **TALK** to **50808** for anonymous text support
- Phone **1800 910 123** for a parent support line
- Phone **01 662 9212** for askonefamily helpline

Appendix I: Histograms

Family functioning histogram



Self-esteem histogram



Emotional resilience histogram